

SISTER CARE FOR AFRICAN AMERICAN
FEMALE CLERGY SPOUSES

Brenda M. Rowdy

B.A., Winston-Salem State University, 1995
M.Div., Hood Theological Seminary, 2003

Mentor

Mankekolo Mahlangu-Ngcobo-Murobha, MPH. D.Min.

A FINAL PROJECT DISSERTATION SUBMITTED TO
THE DOCTORAL STUDIES COMMITTEE
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF MINISTRY

UNITED THEOLOGICAL SEMINARY
DAYTON, OHIO
December, 2005

**United Theological Seminary
Dayton, Ohio**

**Faculty Approval Page
Doctor of Ministry Final Project Dissertation**

SISTER CARE FOR AFRICAN AMERICAN FEMALE CLERGY SPOUSES

by

Brenda M. Rowdy

United Theological Seminary, 2005

Mentor

Dr. Mankekolo Mahlangu-Ngcobo-Murobha

Date: _____

Approved:

Mentor (s)

Dean, Doctoral Studies

TABLE OF CONTENTS

ABSTRACT.....	vii
ACKNOWLEDGEMENTS.....	viii
EPIGRAPH.....	x
CHAPTER	
1. INTRODUCTION	1
Goal.....	3
Objective.....	3
Ministry Focus.....	7
Formative Years	7
Pre-teen and Teenage Years.....	8
Education	8
Employment	8
Spirituality.....	9
The Call.	10
As a Clergy Spouse	11
The Passion	15
The Context.....	17
2. THE STATE OF THE ART IN THIS MINISTRY PROJECT	20
A Model for Sister Care.....	20
Sister Care Beginnings	23

CHAPTER

Sister Care in Action.....	26
Sister Care as Ministry.....	27
3. THEORETICAL FOUNDATIONS AND REVIEW OF THE LITERATURE	33
Stress and Coping Theory.....	33
Stress and Stressors and Social Support.....	34
Three Types of Stressors.....	35
Good and Bad Stressors.....	36
Stress, Religion, and Black Women.....	38
Life Stress and Religion.....	39
Health and Well-Being	41
Sources of Support for Black Women.....	46
Social Support and the Black Church.....	47
Emotional Health, Psychological Well-Being, and Religion.....	48
The Black Church and Public Awareness.....	50
Listening.....	53
Theological Foundation for Sister Care.....	54
Rationale for Womanist Theology and Sister Care.....	60
Biblical Foundation for Sister Care.....	61
Biblical Perspectives for a Wife	61
The Book of Ruth	64
Sister Care Between Ruth and Naomi.....	64

CHAPTER

Three Women.....	65
Naomi, Orpah, and Ruth.....	65
Application.....	66
Sister Care Between Mary and Elizabeth	67
Application.....	70
The History of the Black Church	71
Public Health and Blacks.....	75
4. METHODOLOGY	78
Rationale for Qualitative Research.....	78
Site and Sample.....	79
5. FIELD EXPERIENCE	81
Data Collection.....	81
Instrumentation.....	81
Description of Sample	83
Profile of Participating Clergy Spouses.....	83
Demographics for Sample.....	85
Data Analysis	87
The Findings-Outcome of Ministry Model.....	89
6. REFLECTION, SUMMARY, AND CONCLUSION	98
Summary and Reflection of Major Findings.....	99
Most Supportive Others.....	99
Recommendations	105

CHAPTER

Concluding Comments	106
Sister Care Program Design.....	106
APPENDICES.....	107
A. Informed Consent for Participants of Action Research Project	107
B. Research Questions	110
C. Interview Guide	112
D. Glossary	114
BIBLIOGRAPHY	117

ABSTRACT

SISTER CARE FOR AFRICAN AMERICAN FEMALE CLERGY SPOUSES

by

Brenda M. Rowdy

United Theological Seminary, 2005

Mentor

Mankekolo Mahlangu-Ngcobo Murobha, D.Min.

The objective for this project was to explore the concept of a support group for black female clergy spouses that would enhance greater well-being. The researcher employed a qualitative method, an approach for inquiry, by conducting personal interviews to collect data from black female clergy spouses. The findings suggest that a support system represents a coping system that would create a higher level of well-being among black female clergy spouses. Based on the findings in this study, black female spouses are in dire need of a social support system that will improve their welfare.

ACKNOWLEDGEMENTS

Personal gratitude is extended to Jesus Christ, my Lord and Savior for the gift to pursue the awesome task of obtaining the Doctor of Ministry degree.

Special thanks are extended to the ten black female clergy spouses who consented to participate in this study. Each clergy spouse, graciously and willingly honored the commitment to a personal interview with the researcher. This research could never have materialized without the efforts of each spouse. The honesty and integrity of the spouses will inspire them to provide sister care by listening to the voices of other clergy spouses.

To my daughter, Crystal Y. Booth, thank you for supporting your mother by reading, making suggestions and serving as a context associate. Having you to witness your mother defend her doctoral thesis was the highlight of the entire process.

To my son, Leven Wilson, thank you for encouraging me to pursue the Doctor of Ministry degree. I am truly grateful for your support and prayers.

To Dr. Althea Taylor Jones, thank you for the assistance you provided. I appreciate it.

To Dr. Patricia Hauser, thank you for your unselfish and willing spirit to serve as “a ram in the bush.” You are greatly appreciated for agreeing to be a member of my defense team at the last minute. Truly, you are a gem.

To the context associates who shared an idea, a thought, or a plan, and provided a listening ear, thank you. Many thanks go to Corporal Murphy for making available a video camera for this study.

I am thankful to Crystal, Chuck, Brittani, and Terrance, my wonderful family, and wish to pass the baton of fortitude, discipline, fulfillment of goals, reachable dreams, and success to each of you.

Many thanks go to my friends, Val, Gail, and Kathy who prayed and gave words of encouragement throughout the entire process of writing this dissertation that lasted for two and a half years.

To my editor, Dr. Karolyn Thompson, you are a precious and valuable gem. Thank you for your professional services.

EPIGRAPH

The female clergy spouse is a human being who was handpicked by God. She is in partnership with her husband in every area of life, which includes ministry. Time and again, she needs Sister Care.

INTRODUCTION

The silence and invisibility of many pastors' wives are an epidemic and a public health issue, in that the stressors associated with being a pastor's wife may prevent a higher level of well-being. The emotional and mental health of black female clergy spouses is a great concern, as is the emotional and mental health of all black women.

The expectations that some congregations and even pastors in the black church have concerning the life of the pastor's wife may result in placing her under tremendous stress. Many people expect the male clergy's wife to become the chairperson of the women's ministry, to sing, and to play the piano. Others expect her to remain quiet and not complain. Congregants require the clergy's spouse to show love for others, but many times she does not receive the love and attention that she needs. People expect her to accompany her husband to funerals, weddings, and to the hospital. Others expect her to allow people to cry on her shoulder and listen to their problems.

The female spouse of the clergy receives very little honor and attention that is affirming and healing. The pastor may forget to honor his wife from Sunday to Sunday. She may get attention on her birthday, Mother's Day, and Women's Day. Some spouses do not receive the honor they deserve during the pastor's anniversary. Female clergy spouses concur that a safe haven or sister care would serve as a buffer against unmet social needs that relate to affirmation and honor.

The writer believes that the pastor's wife is not respected in her position because congregants are not compassionate in addressing her concerns. Instead of being a helpmate to her husband, the pastor's wife is regularly seen as one who is required to help others. Some female clergy spouses live in the shadow of their husbands and the

ministry. It appears that she does not have a name or talents to contribute to the ministry, but is still called the pastor's wife, first lady, and sits on the second pew. She wears beautiful outfits and gorgeous hats, but is shattered on the inside. The clergy's spouse is much more than what others see on the outside; she is a special woman handpicked by God to become a pastor's wife according to Prov. 19:14, "But a prudent wife is from the Lord."

The clergy's spouse attends to the needs of her husband, family, church, and community, but her psychosocial needs may often go unmet. Her story is unheard. Who would listen? Does she have a place to pour out her soul by sharing her deepest thoughts and hoping to become whole? Who could she confide in when her emotions are unstable?

Stressors that challenge her mental and emotional health may be difficult to manage. The problem is the absence of a suitable outlet for her stress. The lack of a network of social support for clergy spouses may further impact the effect of stress related events. The evidence that surfaced from this study suggests that a multiplicity of emotional, spiritual, and social stressors confront the pastor's wife. Stressors such as inadequate financial resources, any type of loss, marital problems, mental, verbal, and physical abuse, and spiritual exhaustion, affect the pastor's wife on a level that is unimaginable to the congregants, friends, and family members. Unlike other female congregants, clergy spouses are uncomfortable expressing their concerns because of fear and trust issues. Therefore, clergy spouses internalize their pain and suffer silently since they do not have an adequate social support system. Research indicates that the availability of social support contributes to stress reduction and consequent well-being.¹

¹ Richard S. Lazarus and Susan Folkman. *Stress, Appraisal, and Coping* (New York: Springer Publishing Co., 1984), 1-30.

The clergy spouses surveyed agreed that a social support system that included other clergy spouses would greatly contribute to a reduction of stress. They believed that talking to other women who experience similar situations would be helpful.

Goal

The primary goal of this study was to explore the concept of social support from the perspective of ten black pastors' wives. More specifically, this study examined the existing social support, stressors that motivate the need for social support among clergy spouses, and the expectations of a support group.

Objective

The primary objective of the study was to create a safe and trusting support group where pastors' wives could break the silence, be heard and become visible, and experience a higher level of well-being by participating in a social support network designed by and for them. This study revealed what pastors' wives say concerning their experiences, identified stressors, and expectations associated with the role of a clergy spouse. This study will help the reader understand why there is a great need for social support among black clergy spouses.

This model of ministry will enlighten the reader of this dissertation concerning the issues black female clergy spouses face. It is the writer's perspective that these women need a trusting and safe environment where they can express themselves concerning various problems. They can discuss issues without being intimidated and judged by others, thus promoting positive well-being. The reader will see how the well-being of black clergy spouses is a public health issue and how the black church may help to promote positive welfare among its members too.

The reader will have the opportunity to get to know the spouse, understand her role as a pastor's wife, recognize her need for a support group, and realize how certain stressors affect her well-being. The author believes that prayer and faith in God are sources of strength for clergy spouses when their emotional and spiritual needs are not met. Interviews, narratives, focus groups, and surveys were used to gather information.

This research project was designed to present a model for organizing a support group for clergy spouses, and to demonstrate how the black church can create change in the lives of black clergy spouses. The researcher believes that the quality of life for clergy spouses will be enhanced.

In chapter one, the author gives an interesting account of her personal experience as a black female clergy spouse. The reader will discover how the writer's passion to design a well-being model to address the needs of clergy spouses came into existence. This chapter explains why the researcher chose the Winston-Salem Ministers' Wives and Widows Association as the context for the ministry model.

Chapter two contains the literature review relative to black women and stress, social support groups and black women, and the overall emotional, social, and spiritual well-being of black women. A small amount of literature exists on black clergy spouses.

Chapter three addresses the theoretical foundations of sister care concerning blacks. The historical foundation focuses on the context of the ministry, the black church, and public health with regard to promoting well-being among black female clergy spouses.

In chapter four, the writer explains reasons for using qualitative research methods over quantitative methods. In this chapter, information is given on the hypothesis, which

is, if clergy spouses have a trusting and safe environment where they can express their views and needs, without fear or being judged, a greater level of well-being will be promoted among black female clergy spouses. A description of the ministry model provides step-by-step details. Personal interview questions used for this study are found in this chapter.

Chapter five includes information concerning the field work for this project, the data collection process, and analysis of the data. The reader will learn about the actual teamwork of the clergy spouses, the context and professional associates, and the writer's involvement with the implementation of the project. This chapter reveals how the work of the Holy Spirit caused unexpected data to surface. Finally, the findings from this study will provide a model that promotes well-being among black female clergy spouses. The outcome of the study confirmed the need for small social support groups to enhance well-being among black clergy spouses. It is hoped that this model will find its way into the hands of anyone who has a passion for clergy spouses regardless of denomination, religion, and race.

Chapter six includes the writer's reflections on the field experience. The researcher shows how the empowerment of the Holy Spirit ministered to women who have experienced difficult and harsh treatment as clergy spouses, and how Jesus uses listening as a tool for inner healing. Reflections include the researcher's thoughts on the art of listening to sisters in the Lord or clergy spouses verbally express their pain, and how it led to spiritual healing. In this chapter, the researcher discusses future plans to broaden this study by promoting well-being among male clergy spouses. It will be beneficial for all clergy to recognize the issues that may affect the welfare of the family

and the church in general. The researcher believes there is hope for a better understanding of how the demands of ministry affect individuals.

For the purpose of this study, the following terms are used interchangeably: African Americans/Blacks. The terms describe Black Americans born and raised in the United States of America. In this study, the researcher also uses these terms to describe various institutions, organizations, and circumstances. The reader will recognize how the writer substitutes the terms within the context of certain situations.

CHAPTER ONE

Ministry Focus

The ministry focus of this dissertation is, “Sister Care for African American Female Clergy Spouses.” Sister Care will provide a safe and trusting environment where clergy spouses may feel free and comfortable in voicing their concerns to caring and listening sisters who are also clergy spouses.

The city in which the project took place is Winston-Salem, North Carolina, the hometown of the researcher. According to the 2000 United States Census, the total population of Winston-Salem is 185,776 persons, with 87,345 male and 98,431 female residents. There are 68,924 blacks living in Winston-Salem, and 103,243 residents are Caucasians.¹

The researcher was born in this tobacco town, which is located in central North Carolina. Some background information is given on the life of the author that describes the lifestyle of a female clergy spouse. The information is necessary in order to put in perspective the author’s strong passion for social support and well-being among black women, in particular, clergy spouses.

Formative Years

The writer is the younger of two children, who spent her formative years traveling between Winston-Salem, North Carolina and Washington, D. C., as she lived part of her early years with her mother and the other half with her loving and caring grandparents.

¹Washington, D.C.: United States Census, 2000.

Pre-teen and Teenaged Years

At the age of thirteen, the writer traveled to Winston-Salem and lived permanently with her grandparents. Her mother died at the hand of her long-time boyfriend.

Education

The researcher's educational background includes memories of attending Mebane Elementary School, from the first to the fifth grade. She did not attend kindergarten, but could read efficiently in the first grade. She excelled in all of her classes, although she had a serious hearing impairment. After spending one year at Columbia Heights Elementary School, she attended Anderson Junior and Senior High School from grades seven through twelve, graduating in 1964. While enrolled at Anderson, she participated in the dance group, was a majorette in the band, and an honor student.

A host of events occurred in her educational pursuits between 1964-1995. She failed and dropped out of Winston-Salem State University at the end of her first semester because her priorities were unfocused. Partying took precedence over studying. However, in 1995, the researcher graduated from Winston-Salem State University, with a major in History, and a minor in Sociology. She received the Master of Divinity degree from Hood Theological Seminary in 2003, with a 3.323 grade point average. She continued her educational pursuits by applying for acceptance into the Doctor of Ministry program at United Theological Seminary in August 2003.

Employment

The researcher has worked as a department store clerk, teacher's assistant, factory worker, library assistant, and finally as a sales representative for US Airways, where she

retired in 2001, after twenty-two years of service. As a retiree, she is a substitute teacher for the Winston-Salem Forsyth County School system. The writer also served as a prison chaplain for a women's facility for seven years.

Spirituality

The researcher's religious background began while living as a pre-teen with her grandparents. Her earliest memories include attending Sunday school, Baptist Training Union, and Wednesday night prayer meetings with her grandfather. Her grandfather was the chairman of the deacons' board at First Calvary Baptist Church. She participated in youth activities and was a lead singer in the youth choir. From an early age, adults noticed that she behaved in a mature and spiritual manner, as they soon asked her to teach adult Sunday school classes. The researcher accepted Jesus Christ as her Lord and Savior at the age of nine, and was baptized the following year. She continued to participate in church activities until the age of eighteen, when she believed that she had grown beyond her years. She discontinued her affiliation with the church.

After living several years apart from her church upbringing, the writer had a personal experience that convinced her to return to Jesus Christ, and she accepted the Lord by faith to live in her heart. She became a strong witness for Christ and led many people to the Lord. The writer's Christian journey has been smooth at times and rugged at other times. Both experiences increased her faith in the liberating power of Jesus Christ. She realized through personal experiences and continuous Bible study that wholeness and wellness of the spiritual and emotional self are attainable through the restoring power of Jesus. She experienced sufferings, misery, aloneness, and frustration as well as miracles, healings, deliverance, and restoration. The writer fully understood that she was on this

tedious journey as a disciple of Christ. She recalled that the journey was beneficial as she developed and matured in her relationship with the Lord.

The Call

The writer struggled with the idea of becoming a minister, although she was actively doing ministry. For seven years, she was a chaplain at a female prison facility where she preached, taught Bible study, married, and baptized inmates. Additionally, she ministered to staff persons as well as the inmates. She also served on the board of directors for the resource committee at the same prison facility. The writer was happy and satisfied with the prison ministry, but God had other plans for her life. In 1995, she accepted the call into the ministry to preach, became a licensed minister in 1996, and was ordained in 1997. Her ministry has grown to include nationwide travel as an evangelist. God anointed her to pray for those who are sick, preach the Gospel of Jesus, and win souls to the Lord.

Presently, the researcher is founder of the “Around the Table with Jesus” Bible study group, now in its second year. She is an associate pastor at a Baptist church, where she organized the prison ministry for members whose immediate family members are incarcerated. Prison ministry involves giving time to and providing material needs for those who are incarcerated. This ministry donated choir robes to the prison and served special holiday meals to the inmates and staff persons. Her ministry includes conducting workshops, facilitating prayer retreats, and serving as a conference speaker. The writer is a member of the National Church Women United organization. She is also a board member of the North Carolina Association for Death Education and Counseling.

As a Clergy Spouse

The writer met and married her husband in 1987, and was elated that she had met a good Christian man. He expressed much later in the courtship that he was a minister. She married Daniel after a nine-month courtship. Both decided to attend a local black Pentecostal church where her husband served as an elder in the church, while the writer was active in Christian education.

The first two years of marriage were a dream come true, and the couple appeared inseparable. A downward shift in her spouse's behavior placed overwhelming stress on the marriage, turning the dream into a nightmare. The marriage that was full of light, love, and laughter became one of darkness, hate, and gloom. The researcher's husband became hostile, and she reciprocated by questioning him regarding the sudden change in his behavior. She also had questions concerning the solidarity and stability of the marriage. She questioned her ability to be a good wife, and wondered what she had done to cause her husband to treat her in such a disrespectful manner. The writer became isolated from her family and friends because she did not want them to see her pain and frustration. The writer believed that she could not tell anyone anything that related to her marital problems because she was ashamed and embarrassed to reveal the dark and silent secrets that held her hostage. She did not tell anyone in her family, his family, or her church family, but she continued to attend church on a regular basis, while her husband's church attendance declined.

As a clergy spouse, the black church played a major part in the life of the writer, which helped her to keep her sanity. When her husband did not come home on Saturday nights, making her way to church to worship God was a source of great strength and

hope. While at church, the pain and agony subsided. One song of hope, "I Know the Lord Will Make a Way Somehow," renewed her faith in God, weekly. Songs of praise and worship gave her the strength to return to a home that drained her as soon as she entered. Being around other worshippers helped her to tap into the joy that God's word promised. The word of God reminded her, as she worshipped with others, that God would rescue her someday. It was difficult, sometimes, to worship and praise God because she and her clergy husband pretended to be the perfect couple. He would hug and kiss her in public, and the congregants commented on the display of affection and that they were the perfect couple. He dressed her well and provided for her financially, but emotionally, she was a complete wreck. There were times when he stayed away from home for several months and then returned as if everything was fine. During his absences, she continued to attend church, taught Sunday school, preached, and served as a chaplain at a women's prison facility. Having a social network helped her to cope with the stressors associated with being a clergy's spouse. She was a great actress, and played the part with expertise by pretending to be a happy. She protected him by lying when anyone confronted her with hopes of getting information concerning their marriage. Her relationship with Jesus Christ remained strong, but she was emotionally and physically traumatized.

The writer believed that her husband was experiencing some type of mental illness and she insisted that he make an appointment to see the physician. In taking control of the situation, she insisted on hearing what the doctor had to say to him. She learned that he suffered from schizophrenia for many years before their marriage. Daniel rarely slept and heard voices. He was a workaholic who rarely relaxed, rested, or engaged in social activities. He refused to take his prescribed medications for his mental

condition. He was irritable and directed his anger and hostility towards his wife. He accused her of awful things, which his delusional thoughts dictated. The writer thought he was definitely crazy, and he was running her crazy along with him.

The writer always prayed for her husband, but she forgot to pray for herself. The stressors associated with being married to a clergy spouse became unbearable, and she became discouraged and weak and resorted to doing something very unhealthy. She became addicted to homemade chocolate chip cookies. She ate cookies for breakfast, lunch, and dinner, and gained fifty pounds very quickly. She constantly worried when he did not come home. He gave working as the reason for not coming home. He never admitted to having an affair although he had given her a Sexually Transmitted Disease (STD) and tried to blame her. On many occasions she drove around town late at night or early in the morning, trying to find him, without much success.

This was a very trying time in the life of the author, but finally she realized that she could pretend no longer. She was drowning in her sorrow and pain, and did not have the strength to swim ashore to safety. She faced the awful truth by admitting that her marriage was in danger and realized that she desperately needed someone to listen to her. She tried to talk to her pastor, but he did not believe her story. Perhaps he was surprised when he learned of her husband's actions. The pastor did not pray with her, listen to her, or make referrals. She longed for sister care.

She lived in two different worlds by being married to Daniel. One was the world inside the church building and the other at home. She found herself alone more than what she had experienced as a single woman. He was rarely at home and when he was there, he was exhausted and irritable. Daniel was a good and loving husband on Sundays, which

were the happiest days of the marriage. Daniel was a complete stranger from Monday to Saturday. Subsequently, she convinced Daniel to see a physician to figure out his extreme moodiness, and finally, he consented. She learned during the examination that Daniel had failed to inform her of his previous diagnoses of diabetes and paranoid schizophrenia. He stopped taking the medication for paranoid schizophrenia after a one week period and said the medication slowed him down. The marriage deteriorated from that point onward. In desperation, the writer took Daniel's prescribed medication for schizophrenia. She followed the instructions on how to take the prescribed medication, and could not sleep after taking one pill. She took two pills and was not able to sleep. After taking three pills, she could sleep and performed her many functions as a wife, mother, minister, and an employee. The problem began when the medication ran out. She tried to have the prescription refilled, and was advised that the patient, Daniel, had to visit the doctor. She was stunned, ashamed, and fearful. She had no medication, but reached back for the chocolate chip cookies along with whole milk. In retrospect, the writer realized that the love and grace of Jesus Christ protected her from having permanent effects after ingesting unprescribed medication.

She became lonely, depressed, and afraid because of her bad marriage. Sundays were no different than the other days. Who could she talk to or even trust concerning her marriage that was dissolving so quickly? She wondered if she had a normal marriage and what she did wrong in it. No one else saw the frustration and pain. She hid sad emotions under pretty clothes, diamonds, minks, and other material coverings. No one asked anything relating to her personal welfare, her marriage, or even her ideas, and she did not tell. As a clergy spouse, the writer needed a sensitive and caring listener who would not

attempt to interpret her situation. She needed that person to look into her sad eyes and hear what she had to say. She did not need a solution or someone who just wanted to fix the problem. The writer resented hearing the phrase, “just pray about it,” as if she did not have constant and daily conversations with the Lord. She did not need for anyone to tell her what Scriptures to read. She really needed the undivided attention of a good listener, and the warmth and compassion of sister care. This writer knows from experience that clergy spouses need someone who refrains from judging and causing one to feel guilty for complaining, shedding tears, or being disgusted with any situation. She needed someone to understand her position. The problem, this writer believes, is that many people do not know how to listen to others with gentle understanding, but they listen in order to give a reply. Listening involves hearing a message with the ability to understand and interpret what was said.

The writer did not think to call another pastor’s wife for support, nor did it occur to her to seek professional pastoral care and counseling. Instead, she drowned in depression and kept close contact with her longtime friend, chocolate chip cookies. The stressors associated with the deteriorating marriage affected her physical health as well as her emotional health. The writer internalized her pain, and in doing so, she suffered with rheumatoid arthritis, which caused more depression. She needed sister care, but was unaware of where to seek help.

The Passion

The researcher’s experiences as a clergy spouse were challenging, sometimes frightening, and caused loneliness. The real problem for the writer was the absence of a listening and understanding ear. She believed there was no one in the congregation with

whom she could share her concerns. The people were not available to help her with the burden of deceit, lonely nights, and pretense. She counseled and prayed for many people, but did not have the support system that she desperately needed. She developed a passion for wanting sister care, a ministry intended for the well-being of pastors' spouses. This desire created a persistent throb in the researcher's heart.

The connection between the researcher and the primary context, and the desire to provide a sister care support ministry for blacks, came from years of being a clergy's spouse. The researcher also had friendships with other women in the same position. She listened to many stories that were not publicized in religious circles, and friendships grew into long and trusting relationships. Other women were comfortable in sharing their concerns because they trusted her. They expressed their true feelings and interests regarding church matters, their marriages, and the heartaches their spouses and children caused. The women were honest concerning problems with weight gain, finances, relationships, and their roles in the black church as part of the community. The researcher recalled the relationships of her extended female family members who were married to pastors. She believed these women needed sister care.

Before this study, no known data existed regarding support groups for black female clergy spouses. Therefore, the primary context for this study was based on the Ministers' Wives and Ministers' Widows Association of Winston-Salem and other clergy spouses who were not members of the organization. Initially, the researcher was not aware that the organization existed for female clergy spouses. The reason she selected this organization was that a member suggested that it would be beneficial for the group to participate in this research project. The organization consists of the wives of pastors and

ministers, and they represent every denomination. There were approximately twenty active members in the association at the time of this study.

The primary goal of this study was to explore the concept of social support from the perspective of ten black pastors' wives. The primary objective of the study was to create a safe, trusting, and supportive environment for pastors' wives to discuss their concerns and participate in a social network designed specifically for them. This study revealed what some pastors' wives say concerning their experiences in the church. The researcher hoped the findings from this study would help the reader to understand the need for social support that promotes well-being among black female clergy spouses.

The Context

The History of the Ministers' Wives and Ministers' Widows comes from *The Handbook for the Winston-Salem Ministers' Wives and Ministers' Widows Association*.² In 1927, J. A. Hunter organized the Winston-Salem Association of Ministers' Wives and Ministers' Widows which was also known as the Winston-Salem Ministers' Wives Association. The organization was originally created to benefit husbands through the exchange of ideas and talents. The writer hoped to expand the purpose of the organization to include a support ministry with a focus on the well-being of black female clergy spouses and the roles they play in the ministry.

Community involvement has been important to the members of the organization for many years. Contributions of service were made to other organizations, which include the Community Chest, Tuberculosis Association, Central Children's Home, World Day of Prayer, Salem Pregnancy Care Center, and Today's Woman Health and Wellness

²The Ministers' Wives and Ministers' Widows Association, *The Handbook for the Winston-Salem Ministers' Wives and Ministers' Widows Association* (Winston-Salem, NC: Winston Printing, 1950), 1-10.

Center. The National Association of Ministers' Wives, which started on April 8, 1941, is another organization that has a similar mission and purpose. In 1948, Mrs. W. C. Scarborough, the leader of the group, agreed to affiliate with the National and International Association, with memberships in forty states and sixteen countries.³

The North Carolina State Ministers' Wives and Ministers' Widows Association started on December 9, 1950, in Raleigh, North Carolina, at the Young Women's Christian Association (YWCA). The founder was Mrs. Frances Strassner, wife of the late Dr. William R. Strassner, former president of Shaw University. Mrs. Strassner was president of the North Carolina Association from 1950-1958.⁴

In 1953, the State Convention was held at the First Baptist Church in Raleigh, North Carolina. Mrs. Elizabeth Cole Bouey, president of the National Association, was in attendance and explained the purposes and goals of the State Organization. She explained, "wives of clergypersons of all denominations must come together for a more effective service in kingdom building."⁵ The State Organization adopted the purpose and goals upon hearing Bouey's presentation on the national goals, and the State Organization agreed to affiliate with the National Association.⁶ The State Organization agreed and adopted the following goals:

1. Unite into one Christian fellowship the wives and widows of clergypersons for greater and effective service in Kingdom building.
2. Hold an annual conference where clergy wives and widows can come for information and inspiration to prepare themselves better to solve many problems, which confront ministers' wives.

³Ibid.

⁴Miriam R. Norwood, *International Association of Ministers' Wives and Ministers' Widows, Inc.* (Richmond, VA: IAMWMW Publishing Co., 1998), 1-7.

⁵Ibid.

⁶Ibid.

3. Cultivate international goodwill and develop stronger interpersonal relationships.
4. Foster a more effective communication network.
5. Promote cultural exchange with ministers' wives and widows around the world.
6. Function as a Christian non-profit corporation.
7. Implement the Christian and charitable purposes of the corporation.⁷

As the primary context, the Ministers' Wives and Ministers' Widows Association served as a catalyst to promote well-being among clergy spouses. Secondly, the evidence showed that a sister care ministry materialized as a result of this study, one that provided a listening ear for the unheard voices of clergy spouses. The findings from this project provided a model that may serve as a vehicle for offering information and inspiration to ensure a higher level of well-being.

⁷Ibid.

CHAPTER TWO

The State of the Art in This Ministry Project

The area of ministry this dissertation addressed is, “Sister Care for African American Female Clergy Spouses.” Sister Care may be defined as a trusting and safe environment for clergy spouses to have a suitable outlet to freely express their deepest concerns regarding pain, suffering, and the stressors associated with their role. Sister Care is a ministry that has as its mission to create a greater level of well-being among African American female clergy spouses by providing a listening ear, affirmation, and honor.

The researcher was unaware of any existing ministry for black female spouses that was created for and implemented by clergy spouses. The researcher experienced some doubt and anxiety as she approached such a delicate population as clergy spouses. She understood the awesome task of seeking permission to enter into the secretive lives of black female clergy spouses.

A Model for Sister Care

This dissertation was fashioned from a model set forth by Womanist Marsha Foster Boyd, who wrote excellent reflections on Womanist care with regard to Emilie M. Townes’ model in, “*Embracing the Spirit: Womanist Perspective on Hope, Salvation, and Transformation.*”¹

Womanist Care was organized in 1991 by twelve women who represented five Christian denominations of lay, clergywomen, social workers, pastors, associate pastors,

¹Emily M. Townes, ed., *Embracing the Spirit: Womanist Perspective on Hope, Salvation, and Transformation* (Maryknoll, NY: Orbis Books, 1997), 1-40.

clinical pastoral educators, professors, and hospital chaplains.² It is the intentional process of care giving and receiving by black women. This care helps the black woman find her place and her voice in this world. It is the bold expression of that woman caring for people in her circle, be it small or large. The focus is on the holistic care of mind, spirit, and body so that healing and transformation can occur for black women and their circle of influence.³ Womanist Care is the practical theological discipline concerned with the theory and practice of pastoral care and counseling.⁴ It speaks of the importance of narrative and voice in the healing and transformation process of black women. Women are encouraged to see themselves as visible and viable. In Womanist Care, sisters are urged to tell their stories, and by doing so, they find comfort, healing, renewal, and transformation.⁵

This project focused on the concept of social support among black female clergy spouses. They voiced their concerns on all topics that were helpful to the group. The sisters experienced healing, renewal, and transformation by listening to and affirming other sisters. As the sisters told their stories, everyone was honored for their bravery and nurtured for showing kindness. Sister care promoted self-care that led to hope for healing within the family structure and community.

The researcher believes that black clergy spouses should be encouraged to discuss their pain and wounds. Consequently, healing, renewal, and transformation can take place. It is not suggested that the women should dwell on the past, but it is better to know

²Ibid.

³Ibid.

⁴J. R. Burck and Rodney J. Hunter, "Pastoral Theology," *The Dictionary of Pastoral Care and Counseling* (Nashville: Abingdon Press, 1990), 867.

⁵Townes, *Embracing the Spirit*, 1-40.

where to begin so that change can occur. It is helpful for clergy spouses to discuss painful experiences as well as their healing process. In doing so, other spouses who may believe that no one else has traveled that road before, may realize that others survived the pitfalls of life. Clergy spouses, who voice their fears, doubts, and failures, as well as triumphant victories over these emotions, can bring healing, renewal, and transformation to those who hear the stories and experiences of others.⁶

Cranton wrote on the subject of learning in, *Professional Development as Transformative Learning*, as being self-directed, reflective, and transformative.⁷ According to Cranton, self-directed learning is a process; learning is reflective in that it is a way of understanding why we do what we do; and transformative learning requires change and growth in practice.⁸ The women went through a process by taking healing into their own hands, reflecting on the reasons for their sadness, and being transformed by communicating their needs in a supportive network of sisters. The women realized that caring produced positive growth and change.

Sister Care focused on good communication skills that involved careful listening. Effective listening skills among the clergy spouses were developed. As a sister engaged in pastoral care, she realized the importance of listening to another woman tell her story. Black clergy spouses' voices were heard, and they understood the power of listening.

Sister Care for spouses of clergy involved the affirmation and validation of the stories the sisters told. The clergy's spouse spoke for herself, without any hesitation or

⁶Henri J.M. Nouwen, *The Wounded Healer: Ministry in Contemporary Society* (New York: First Image Edition, 1972), 28.

⁷Patricia Cranton, *Professional Development as Transformative Learning* (San Francisco: Jossey-Bass, 1996), 95.

⁸Ibid., 4-7.

limitations. She expressed her thoughts, ideas, theories, plans, and dreams. Her story was her own personal experience. Other sisters listened and spoke positive and affirming words. She heard how strong she was as her story was validated as being truthful and awesome.

Sister Care urged sisters to face the structures and restraints in their world. The clergy's spouse confronted every unrealistic expectation that attached itself to her role. The women confronted every traditional belief concerning their position as well as the traditions of the congregation. Often, the sisters vented frustrations in the group, but failed to confront the problem, the person, or make plans for change. The purpose of engaging in confrontation was to build strength within the group.

Finally, caring for the clergy spouses involved healing. Hebrews 12:12-13 reads, "Lift your drooping hands, strengthen the weak knees, and make straight paths for your feet, that what is out of joint might be put in place."⁹ The lifting, straightening, and strengthening are parts of the healing dimension so that women can help one another to overcome obstacles. The result is that transformation happens within everyone and the impact is encouraging to women who need each other on a frequent basis.

Sister Care Beginnings

The idea to explore the concept of a social support system for clergy spouses stemmed from developing a friendship with another clergy's spouse while swimming. This clergy spouse became the researcher's professional associate and mentor. The majority of the groundwork for this project was formulated during a water aerobics

⁹ Heb. 12:12-13, New King James Version, (NKJV). "Unless otherwise noted, all Scripture references are taken from the New King James Version."

exercise. While in the pool, the clergy spouse suggested that the researcher become a member of the Winston-Salem Ministers' Wives and Widows Association.

The author was a member of the association for one year before approaching the clergy spouses regarding becoming participants in this study. A friend, who later became a professional associate, suggested that the researcher join the group, and her advice proved to be profitable. The researcher faced some obstacles in the beginning, but gained the spouses' trust within that year. One obstacle was that someone lost the record of the researcher's payment of the membership dues. Another obstacle was how some members reacted negatively toward the researcher as a new member. The researcher thought the women had wrongfully misjudged her. Through prayer, the researcher was given much grace and favor by the power of the Holy Spirit. As a result, the researcher accepted the position as secretary and chairperson for the education department of the Winston-Salem Ministers' Wives Association.

Later, the researcher contacted those she believed would be interested in serving as context associates and professional associates. Most of the women agreed to serve. The research team engaged in brainstorming via email, telephone conversations, over lunch, and during scheduled meetings. Several ideas emerged. The first idea was to collect data by using questionnaires, narrative techniques, and surveys. The women considered having a retreat for all clergy spouses. Questionnaires were developed, surveys were compiled, and questions were designed for the narrative technique. The research team designed the questions that would generate information on the topics of stress and social support that related to the role of the clergy spouse. The professional associates refrained from using intrusive questionnaires and surveys. The team realized

that the study questions should be designed with discretion and gentleness so they could maintain their honor. The writer believed that the black female clergy spouses, a population rarely used in research, wanted to preserve their dignity. This strategy was quite effective because the collected data proved to be very beneficial, and the women willingly participated. The researcher and her professional associate designed a confidentiality form for each clergy spouse to sign. The professional associate explained the importance of each spouse signing the confidentiality form. She explained the possibility of others wanting to participate at a later date.

In the preliminary stages, the ministry focus began during a regularly scheduled monthly meeting with twenty black female clergy spouses. The women were active members of the ministry context and the Winston-Salem Ministers' Wives and Widows Association. During a meeting, the researcher introduced the proposed project to the women to explore the concept of having a social support system that would allow them to express their concerns in a safe environment. The clergy spouses stared at the researcher without giving any verbal response.

During the next monthly meeting, the researcher and the professional associate restated the goal of the proposed project to the women. All clergy spouses were given a copy of the confidentiality form, and everyone signed the form. The researcher passed out copies of the narrative design questions at the following monthly meeting. She asked the women to return the narratives to her within thirty days. Not a single narrative was returned.

During the following monthly meeting, the research team announced the idea of having a retreat for clergy spouses. The responses were mixed concerning this idea. One

group of women said that financial resources were not available. Another group was not interested, and the last group of women said the dates for the retreat were undesirable. Plans for a retreat died, but the researcher had hopes for the future.

The researcher expressed her doubts on collecting data from this population of clergy spouses. Meanwhile, the researcher remembered reading Patricia Cranton's *Transformative Learning for Adults Theory*, and realized the importance of exploring the concept of a support group from the perspective of black clergy spouses. The researcher started an investigation by inviting the clergy spouses to express their personal needs and concerns. She recognized that her own thoughts and ideas may not be similar to those of other clergy spouses. It was important for clergy spouses to define their needs and desires for the support group, rather than incorporate others that did not apply to them. The researcher believed the women should take ownership of the support group by setting the guidelines and stating its mission. The ministry was built upon the thoughts and ideals of the clergy spouses who participated in the study.

The qualitative method was the approach used to collect data. This method involved conducting personal interviews and using the narrative questions to gather in-depth information.

Sister Care in Action

Sister Care ministry was organized as an extension of the Winston-Salem Ministers' Wives and Widows Association. Eight clergy spouses who were active members of this organization consented to participate in this study. All participants were black female clergy spouses and represented a cross section of religious affiliations. The ages of the participants ranged from forty to seventy years old.

Before personal interviews were held for this study, the researcher made contacts at a local Baptist church in Winston-Salem, North Carolina. Several members lived in areas outside Winston-Salem and commuted to the city on the first Tuesday in each month. The writer explained the objective of the study, that is, to explore the concept of social support among black clergy spouses that would foster well-being or sister care. She invited them to help her by agreeing to participate in the study for several months.

Sister Care as Ministry

The female clergy spouses understood that sister care involved active listening. The desire to have other clergy spouses listen to them ranked high on their list of needs. Second on the list was trust. They needed to tell their stories while other spouses chose to remain silent by pretending they had no problems. Several women felt that no one showed any desire to know them as human beings and as women. Most clergy spouses said they constantly prayed and waited a long time for someone to organize a social support group specifically for them. They expressed feelings of humility and were honored that they were invited to participate in this study. The women were receptive to the attention they received from the researcher, the professional associates, and the context associates. They all concurred that sister care was needed for clergy spouses.

Clergy spouses described trustworthiness as an important aspect of a support group. The researcher gained the trust of the women by signing the confidentiality form that she designed. Each clergy spouse was encouraged to sign the confidentiality form regardless of her agreement to participate in the study. This approach proved to be very useful because each woman signed the form. The researcher used her own experiences as a clergy spouse to approach them on the issue of trust. She affirmed the women and told

them stories regarding her role as a clergy spouse. They became more comfortable with each other and reached a level of comfort within the group. The researcher operated within the parameters of her role as a clergy spouse during the entire study. She was one of them and made the connection that resulted in a greater level of trust within the group.

The researcher used the qualitative approach by conducting personal interviews. She was careful in her approach, which encouraged the clergy spouses to participate in this study. The researcher believes the personal interviews are better than group interviews. This initial phase of sister care helped each woman to feel comfortable during the discussion. The participants were asked to choose the best method for collecting the data by raising their hands. Eight clergy spouses chose the personal interview as the best method. They were all concerned with trust issues because of their membership in the same association.

The personal interview approach proved to be the best method for collecting data. This method provided the individual attention that each spouse needed. The personal interview provided the women the freedom to tell their stories without interruptions and inhibitions. The researcher doubted that clergy spouses would freely express themselves in a group setting where there were unfamiliar faces. She believed the personal interview approach was a prerequisite for an effective group environment. For this study, the researcher listened closely to each spouse and gave her undivided attention during the interview. On several occasions, the researcher stood up to indicate that the interview was finished. All of the clergy spouses commented on how quickly the two to three hour interview ended. The researcher believed the remark indicated that each spouse was comfortable and eager to empty herself of negative information. Prior to the interviews,

the women were told they would be videotaped with voices recorded, and all the women were comfortable with the process.

Before each interview, each spouse was told of the researcher's intention to prepare a meal of the researcher's choice. For many of them, the servitude of the researcher was surprising. Some women responded that the meal was not necessary. Others expressed excitement and commented on the researcher's thoughtfulness. From the perspective of the researcher, preparing a special meal for the women served as an icebreaker, a time for social conversation, and an expression of gratitude for their participation in the study. The evidence from this study showed that clergy spouses were expected to serve as hostesses, but they rarely expected others to serve them.

Each clergy spouse came to the interview with some anxiety, as they had no prior knowledge of what to expect from the researcher. The researcher experienced some anxiety because she did not know what to expect from the interviewees. She attempted to put the women at ease by telling them they were free to withdraw from the interview at any time. They were advised that they could refuse to answer any question without giving a reason. She reminded the women of the confidentiality form they signed prior to the interview to assure them of honoring trustworthiness.

They appeared to feel welcome and comfortable in the informal setting they chose. The researcher presented several choices to the women for the interview location; eight women chose the researcher's home over a church setting or their own residences. The spouses were asked to select a time for the interview; a few spouses chose the time frame of a regularly scheduled appointment. For example, one woman exchanged the time of her hair appointment for the interview. Another woman switched the time she

volunteered in the community for the interview. One woman used the time she would have spent having her car repaired and asked her daughter to drop her off at the researcher's home. She asked the researcher to take her to pick up her car after the interview ended. All spouses said their husbands were unaware that the interviews took place.

Eight clergy spouses were asked to respond to the following research questions:

1. Whom do black clergy spouses name in their important network of supportive others? Why are these individuals a part of their social support network?
2. What stressors do black female clergy spouses say are associated with their roles as clergy spouses, and how do they cope with these stressors?
3. Do black female clergy spouses need a social support network? Please explain your answer and tell how a network can promote well-being.
4. Will you describe the ideal support group for black female clergy spouses, and would you attend and invite others to participate?

Two clergy spouses responded to the researcher's radio announcement of her doctoral thesis, *Sister Care for African American Female Clergy Spouses*. The researcher categorized the responses she received based on the four research questions. *Sister Care* became a reality as the women articulated their stories, pain, and frustration. The researcher learned, upon asking probing questions, that two spouses had lost faith in Jesus Christ. While listening intently and quietly, the researcher, being led by the Holy Spirit, reassured them of Jesus' concern and willingness to help them. The researcher believed that what these two women said, described the life of most clergy spouses.

These two women were in immediate need of sister care, and through God's divine plan, the researcher offered care in the form of listening, affirmation, and prayer. The remaining eight clergy spouses professed a strong and intimate relationship with Jesus Christ, claiming him as the Lord of their lives.

Each interview was a ministering moment for the clergy spouses as well as for the researcher. Sister Care was administered as the researcher encouraged clergy spouses to tell their stories as tears ran down her cheeks. Some women recalled the memories of pain and suffering during the interviews. Negative emotions surfaced that had been buried for so long. Clergy spouses commented that the research questions caused them to remember some positive events that had been long forgotten. For example, one spouse smiled as she recalled how she met her husband of forty plus years. She remarked that she felt like falling in love again.

The personal interviews were transforming in that clergy spouses received strength and renewal, and honor and affirmation by telling their stories. When one clergy spouse came to the interview with bitterness in her heart, confusion in her mind, and a sense of failure, she received forgiveness when she was forced to look at herself. She promised to focus on her well-being rather than forcing her ideas onto others.

During the interviews, each clergy spouse was given the time to reflect upon the goals she met and those she did not meet. Sadly, many women placed the goals of their husbands above their own. One woman expressed her secret desire to attend a Bible college. Instead, she chose to support her husband in his ministry, education, and goals. Presently, she believes that she is too old to pursue her dream. The researcher encouraged her and affirmed that one is never too old to learn, set goals, and pursue them. One clergy spouse wanted to become a missionary, but she also placed her husband's needs ahead of her own. Another clergy spouse wanted to be a flight attendant, but never pursued the profession; instead, she chose to support her husband and his ministry. All the women professed their endless love towards their clergy husbands and families. The researcher

believes these unique and fragile women need more affirmation from their husbands, the congregants, family members, and the community.

In this study, clergy spouses said that having fun and enjoying life were primary needs. Each woman reported a lack of interest in women's conferences, Bible studies for women, and workshops or seminars. They expressed the desire to travel and see the world, go on cruises and other sightseeing trips, attend plays, laugh and have fun, and act silly like little girls.

Additional perspectives that were expressed by other women made it possible for the researcher to better understand the needs, stressors, and expectations associated with being a clergy spouse. The women reported that their husbands and congregants should have some reservations regarding their need to participate in a church activity such as the women's ministry. Clergy spouses reported that they have the ability to make sensible decisions, and wanted respect from congregants and other spouses so they could choose for themselves. The evidence proved that the hypothesis for this study was accurate. When black female clergy spouses experienced a safe and trusting environment to express their concerns, they enjoyed a greater degree of well-being.

CHAPTER THREE

Theoretical Foundations and Review of the Literature

The primary purpose of this study was to explore the concept of social support from the perspective of ten black female clergy spouses. More specifically, this study examined their personal opinions on the need for a social support group. They were concerned with their involvement and how personal circumstances would affect their participation in this type of group. They wondered how the outcome of the group would be evaluated.

Stress and Coping Theory

The theoretical framework used in this study was the stress and coping theory. From this perspective, individuals are envisioned as experiencing various kinds of stressors. Stressors are the life events (e.g., relocation to another church, death of a loved one, or criminal victimization), or chronic pains (e.g., having a life-threatening disease or living with constant financial hardships) that initiate appraisal processes. If symptoms of physical and emotional stress appear (e.g., migraine headaches, anxiety, and restlessness) and events or strains are appraised as threatening their well-being, individuals then begin to evaluate their abilities and means to self-protect.¹

According to stress and coping theory, social support is a coping resource. Coping resources are those factors that modulate or buffer against the impact of stressors such as life events and chronic strains on mental and physical well-being.² In this study, social support was examined as a coping resource for black female clergy spouses to address

¹Gloria W. Bird and Keith Melville, *Families and Intimate Relationships* (New York: McGraw Hill, 1994), 10-30.

²Richard S. Lazarus and Susan Folkman, *Stress, Appraisal, and Coping* (New York: Springer Publishing Co., 1984).

how supportive interactions influence well-being. This research sought to expand the literature on social support by: (1) examining a population rarely used, (black female clergy spouses), (2) drawing from an organization within the black church (Ministers' Wives and Widows Association), and (3) employing qualitative methodology.

Stress and Stressors and Social Support

According to Williams and Knight, stress is the body's reaction to an event. Stressors are the source of stress.³ Stressors may be specific, ranging from the break down of a computer to the loss of a loved one, but the impact of stressors can be felt in the physical body. Life demands humans to continuously adapt to various events, causing the body to constantly fight to maintain a state of balance known as homeostasis, where the physiological and psychological systems are in equilibrium.⁴ If the body becomes unbalanced as a result of the stress, and if the stress remains for prolonged periods, one may become ill, depressed, and may lead to premature death. According to Hans Selye, a pioneer in the area of stress, the two components that are related to stress are physical and emotional. Physical stress, says Selye, is the nonspecific response of the body to any demand made upon it.⁵ Emotionally, stress has been defined as the feeling of being overwhelmed, the perception that events or circumstances have challenged or exceeded a person's ability to cope.⁶

³Brian K. Williams and Sharon M. Knight, *Healthy for Life: Wellness and the Art of Living* (Pacific Grove, CA: Brooks/Cole Publishing Co., 1994), 22.

⁴Ibid.

⁵Hans Selye, *Stress without Distress* (Philadelphia: Lippincott Publishers, 1974), 27.

⁶Ibid.

Three Types of Stressors

Williams and Knight identified three types of stressors. First, there is the stressor known as *hassles*, secondly, *crises*, and thirdly *strong stressors*. *Hassles* are simply frustrating irritants, and may cause significant anxiety and may be hazardous to overall well-being.⁷ Psychologists Richard Lazarus and Susan Folkman said, “hassles may be caused by anxiety over wasting time, pressure to meet high standards, and feeling lonely.”⁸ Lazarus contended that “everyone complains regarding three hassles: misplacing or losing things, physical appearance, and having too many things to do, regardless of age.”⁹

Crises. A crisis is an especially strong source of stress, one that may appear suddenly and be of short duration, but have long-lasting effects.¹⁰ During a crisis, one may experience troubled sleep, irritability and rage, recurrent nightmares, and flashbacks that repeat the original horror.¹¹

Strong Stressors. Strong Stressors are sources of stress of continuing duration, and can cause extreme mental or physical discomfort.¹²

⁷Williams and Knight, *Healthy for Life*, 22.

⁸Richard S. Lazarus and Susan Folkman, “Coping and Adaptation,” in *Handbook of Behavioral Medicine*, ed., William Doyle Gentry (New York: Guilford Press., 1984).

⁹Richard S. Lazarus, Susan Folkman, and S. Pinley, “Age Difference in Stress and Coping Processes,” *Psychology and Aging* 2 (August 1987): 171-184.

¹⁰Williams and Knight, *Healthy for Life*, 2-3.

¹¹Williams and Knight, *Healthy for Life*, 23.

¹²*Ibid.*

Good and Bad Stressors

Researcher Hans Selye said that stressors can be both negative and positive.¹³

Stressors are of the following types:

Distressors are negative events such as job loss, or severed relationships may cause distressors. The effect of distressors is distress.

Eustressors, (pronounced *you*-stressors). When the source of stress is a positive event as falling in love and getting a job, it is called eustressor. The effect is eustress which stimulates a person to better coping and adapting.”¹⁴

Distressors are unpreventable, but it is important to learn how to recognize them, be aware of how people react to them, and search for ways to develop coping skill management. On the other hand, eustressors motivate people to perform any task at the highest possible level of achievement.

Stress reactions have both physical and mental components. Physically, stress is a key player in the nervous system.¹⁵ The physical response to stress is described as a three-stage general adaptation syndrome.¹⁶ Stage one is alarm, which is the “fight or flight” response in which the nervous system takes over. Stage two is resistance, which gives the body increased strength and endurance.¹⁷ Stage three is exhaustion, which is the wearing down from continuing stress.¹⁸

¹³Selye, *Stress*, 28-29.

¹⁴*Ibid.*

¹⁵Williams and Knight, *Healthy for Life*, 2-5.

¹⁶*Ibid.*

¹⁷*Ibid.*

Studies of the relationship between life stress and mental health showed that social support networks play a major role in protecting individuals from detrimental effects of stressors.¹⁹ Social support for black women is extremely necessary because they are disproportionately exposed to both primary and secondary stressors:²⁰ higher rates of poverty, unemployment, underemployment, and a greater likelihood of residing in neighborhoods characterized by crime and other social problems. For example, job loss, a primary stressor, may lead to losing health insurance, and the inability to have access to health care in a timely manner is a secondary stressor.²¹ Gray and Keith stated that, "Social support may protect individuals from harmful effects of stressors in two ways: first, social support can have an effect on mental health that is dependent on the number and frequency of stressors to which a person has been exposed."²² These two researchers used the main effect model, which suggests that people who perceive that they have high levels of emotional support are less likely to become depressed, while those with low levels of support are more likely to become depressed.²³ Second, the

¹⁸Ibid.

¹⁹R. Jay Turner and Frances Marino, "Social Support and Social Structure: A Descriptive Epidemiology," *Journal of Health and Social Behavior* 35, 3 (September 1994): 193-212.

²⁰Leonard I. Pearlin, "The Stress Process Revisited: Reflections on Concepts and Their Interrelationships," in *Handbook of Sociology of Mental Health*, eds., Carol S. Aneshensel and J. C. Phelan (New York: Kluwer Academic/Plenum, 1999), 395-415.

²¹Beverly A. Gray and Verna M. Keith, "The Benefits and Costs of Social Support for African American Women," in *In and Out of Our Right Minds*, eds. Diane R. Brown and Verna M. Keith (New York: Columbia University Press, 2003), 24-25.

²²Ibid.

²³Ibid.

effects of stressors on well-being may vary by the level of support. According to this buffering hypothesis, stress has less impact when support levels are high.²⁴

Studies of stress, support, and mental health among blacks have yielded mixed findings. Some studies supported the main effects model, while others showed a buffering effect. In a study of depressive symptoms, Brown and Gary found direct and buffering effects for perceived extended family support, but only among black females.²⁵ Warren found a direct inverse relationship between social support and depressive symptoms among middle class black women.²⁶

Stress, Religion, and Black Women

There is a limited study on the relationship between religion, stress, and well-being among black women. Religious coping, particularly the use of prayer and church support, is especially common among blacks,²⁷ and women are more likely than men to use prayer to cope with a problem.²⁸ Lincoln and Chatters analyzed a group of studies based on surveys conducted by the National Survey of Black Americans (NSBA), which confirmed the role of religion during times of stress.²⁹ The findings suggested that on

²⁴Ibid.

²⁵Diane R. Brown and L. E. Gary, "Stressful Life Events, Social Support Networks, and the Physical and Mental Health of Urban Black Adults," *Journal of Human Stress* 13, 4 (Winter 1987): 165-174.

²⁶B. J. Warren, "Depression, Stressful Life Events, Social Support, and Self-Esteem in Middle Class African American Women," *Archives of Psychiatric Nursing* 11, 3 (June 1997): 107-117.

²⁷L. B. Bearon and Harold G. Koenig, "Religion Cognitions and Use of Prayer in Health and Illness," *The Gerontologist* 30, 2 (July 1990): 249-253.

²⁸Christopher G. Ellison and Robert Joseph Taylor, "Turning to Prayer: Social and Situational Antecedents of Religious Coping among African Americans," *Review of Religious Research* 31 (December 1996): 111-131.

²⁹Karen D. Lincoln and Linda M. Chatters, "Keeping the Faith: Religion, Stress, and Psychological Well-Being among African American Women," in *In and Out of Our Right Minds*, eds., Diane R. Brown and Verna M. Keith (New York: Columbia University Press, 2003), 223-241.

average, black women have high levels of religious involvement and psychological well-being. Stress has a significant influence on psychological well-being. The findings indicated that as exposure to stressors increases, African American women experience a decrease in psychological well-being. Religious involvement may play an important role in bolstering a sense of well-being. Black women's age, education, region, and marital status are associated with stress, religious involvement, and psychological well-being.³⁰ Older black women are exposed to fewer stressors, but report higher levels of non-organizational religious involvement.³¹ Higher levels of education are associated with lower levels of exposure to stress. Married black women experience less exposure to life stressors and have higher levels of non-organizational religious involvement.³² Finally, region is significantly associated with stress, religious involvement, and psychological well-being. Black women who live in regions outside of the South experience more exposure to life stressors, while demonstrating lower levels of non-organizational religious involvement.

Life Stress and Religion

Historically, religion in the black church has played an integral part in the lives of black people for centuries. The religion of the black church teaches that its members should focus on Jesus. Black religion teaches that, "Jesus is a doctor in the sick room," a "lawyer in the courtroom," and a "joy giver." The black worship experience of singing songs of Zion, praising God with a dance, and clapping hands, serve as stress breakers.

³⁰Ibid.

³¹Ibid.

³²Ibid.

According to Payne and Payne, religious involvement prevented or reduced the risk of experiencing certain social stressors because it helped to shape behavioral patterns and lifestyles.³³ In this respect, religious beliefs, practices, and institutions may be effective as a stress-preventive role.³⁴

Religion offers its members a coherent and meaningful framework that helps to interpret and manage problematic situations.³⁵ Research findings suggested that having a sense of meaning in life was associated with positive mental health outcomes, whereas a lack of meaning in life was associated with negative outcomes.³⁶ Religion may be important in generating relatively high levels of social resources that act to buffer the impact of stressful events. Chalfant and colleagues found that people in distress often prefer to seek help from their clergy or religious congregations, as opposed to mental health providers.³⁷ Many church members who attempt to cope with major negative life events seek support from the clergy and church, which is associated with better psychological well-being.³⁸

³³R. Payne, I Reed, Allen E. Bergin, Kimberly A. Bielema, and Paul H. Jenkins, "Review of Religion and Mental Health: Prevention and the Enhancement of Psychosocial Functioning," in *Religion and Prevention in Mental Health: Research, Vision, and Action*, eds., Kenneth L. Paragament, Kenneth I. Maton, and Robert E. Hess (New York: Haworth Press, 1992), 57-82.

³⁴*Ibid.*

³⁵Donald Capps, *Reframing: A New Method in Pastoral Care* (Minneapolis: Fortress Press, 1990), 47.

³⁶Sandra B. Coleman, J. Doreene Kaplan, and Robert Downing, "Life Cycle and Loss: The Spiritual Vacuum of Heroin Addiction," *Family Process* 25 (March 1986): 5-23.

³⁷H. P. Chafant, P. L. Heller, A. Roberts, D. Briones, S. Aguirre-Hochbaum, and W. Farr, "The Clergy as a Resource for Those Encountering Psychological Distress," *Review of Religious Research* 31 (1990): 305-313.

³⁸Kenneth I. Paragament, "God Help Me: Religious Coping Efforts as Predictors of the Outcomes to Significant Negative Life Events," *Journal for the Scientific Study of Religion* 31 (1990): 504-513.

Religious involvement may instill a sense of self-worth and value among participants that protects them from the effects of stress.³⁹ Religious involvement may help modify the relationship between stress and psychological well-being. People may turn to religion for solace in coping with illness, physical disability, serious injury, major surgery, or the death of a loved one.⁴⁰ The practice of religious beliefs and certain behaviors are more effective coping strategies than others in reducing depression and other negative psychological states that often develop following bereavement and health-related stressors.⁴¹

Health and Well-Being

The World Health Organization, (WHO) a subsidiary of public health broadens and clarifies the definition of health to mean, “a state of complete physical, mental, and social well-being, and not merely the absence of disease and infirmity. True health involves your mind and how you interact with those around you.”⁴²

Williams and Knight suggest, “Good health is more than the absence of disease, living longer, and vitality. These are only partial ways to describe good health.” Williams and Knight argue that, “Health consists of attaining well-being in five areas: physical, mental or intellectual, emotional, social, and spiritual.”⁴³ They also incorporate the holistic approach to health, which adds emotional and spiritual well-being to the World

³⁹Christopher G. Ellison and David A. Gay, “Religious Involvement and Self-Perception among Black Americans,” *Social Forces* 71 (February 1993): 1027-1055.

⁴⁰*Ibid.*

⁴¹J. E. Mattlin, E. Wethington, and R. C. Kessler, “Situational Determination of Coping and Coping Effectiveness,” *Journal of Health and Social Behavior* 31 (December 1990): 103-122.

⁴²*Official Records of the World Health Organization*, 100, no. 2, New York: International Health Conference, 19-22 June 1948.

⁴³Williams and Knight, *Healthy for Life*, 1-2.

Health Organization's definition of health. The holistic approach is fashioned after the 4,000-year old Chinese, Ch'i Kung, a mind-body disciple of mental discipline, physical exercise, breath control, and diet for the purpose of enhancing health. In Ch'i Kung, disease is believed to be an unnecessary consequence of losing internal harmony and spiritual balance.⁴⁴ The explanation of the five dimensions of health include the types of well-being set forth by Williams and Knight are as follows:⁴⁵

"Physical health refers to the absence of disease or risky behaviors that may lead to disease, physical fitness, the functioning of body systems, and exposure to abuses such as drugs, stress, and environmental hazards. Most scientific work has addressed negative influences of mind and body, or body on the mind. Extensive literature on stress links negative mental perceptions and behavioral responses to stress with physiological and biochemical processes, and draws further connections with neuro-endocrine, immune, and sympathetic nervous systems tied to disease outcomes.⁴⁶ Psychological well-being (deeply felt purposes, quality ties to others, self-regard, and a sense of mastery), provides a bedrock of mental resources that contribute to optimal physiological toughness.⁴⁷

Tracy A. Revenson links chronic illness with depression.⁴⁸ The author reports, "The presence of chronic disease is a risk factor for depression when it involves the loss of the ability to perform valued social roles. She suggests, "that to understand the impact

⁴⁴Ibid.

⁴⁵Ibid., 1-4.

⁴⁶Carol D. Ryff, "The Structure of Psychological and Well-Being Revisited," *Journal of Personality and Social Psychology* 10 (September 1995): 719-727.

⁴⁷Ibid.

⁴⁸Tracey A. Revenson, *Women and Health Psychology: Mental Health Issues* (Hillsdale, NJ: Lawrence Erlbaum Press, 1988), 713.

of chronic disabling illnesses, one must examine not just physical limitations, but women's psychological interpretation of those limitations."⁴⁹ Further, she writes, "functional limitations impact quality of life in other ways as well." People with depression, in the absence of any other health problems, have worse functioning and well-being than people with arthritis, angina, hypertension, diabetes, gastrointestinal problems, lung problems, or back problems.⁵⁰

Mental or intellectual health is described as having to do with the activities of thinking, speaking, writing, analyzing, judgment, and cognition rather than to feeling. According to Brown and Keith, definitions of mental health or illness are influenced as much by social factors, cultural values, and normative expectations regarding deviant behavior as by scientific knowledge.⁵¹ Therefore, mental health is more difficult to define. Most researchers agree that mental health is not simply the absence of mental disorders. Some earlier definitions characterize mentally healthy people as those who are able to adjust to new situations and to handle personal problems without marked distress.⁵² Expanding the definition, Kolb posits that a mentally healthy adult exhibits behavior that confirms an awareness of self or personal identity, coupled with a life purpose and a willingness to perceive reality and cope with its vicissitudes; to be active and productive; to respond flexibly to stress; to receive pleasure from a variety of

⁴⁹Ibid., 714.

⁵⁰Ibid.

⁵¹Diane R. Brown and Verna M. Keith, eds., *In and Out of Our Right Minds: The Mental Health of African American Women* (New York: Columbia University Press, 2003), 23.

⁵²Erich Fromm, *A Man for Himself: An Inquiry into the Psychology of Ethic* (New York: Rhinehart, 1947).

sources; and to accept limitations realistically.⁵³ Finally, another definition states that mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and a person having the ability to adapt to change and to cope with adversity.⁵⁴

Although these definitions may be useful for the general population, they are based upon normative parameters that exclude consideration of race and gender.⁵⁵ In searching for a definition for the mental health of black women, race, gender, racism, and experiences must be considered. Speaking of the issue of racism, Thomas and Comer contend that mental health for blacks must encompass feelings of self-worth within the total context of society as well as within an individual's identifiable subgroup.⁵⁶ According to Wilcox, mental health is the foundation of survival in a racist society. Wilcox further notes that mentally healthy behavior for blacks may sometimes seem to be deviant to normative society, perhaps manifested in what appears to be paranoid behavior.⁵⁷

Given the impact of both racism and sexism in the lives of black women, a humanist approach provides a basis for defining mental health. Messages that have been internalized by black women include rejection, distortions, falsehoods, and denigrating

⁵³Lawrence C. Kolb, *Noyes' Modern Clinical Psychiatry*, 7th ed. (Philadelphia: Saunders, 1968).

⁵⁴Surgeon General on Mental Health: A Report of the Surgeon General (Washington, D.C.: U.S. GPO, 1999).

⁵⁵Brown and Keith, *In and Out*, 24.

⁵⁶C. Thomas and P. Comer, "Racism and Mental Health," in *Racism and Mental Health: Essays*, eds., Charles V. Willie, Bernard M. Kramer, and Bertram Brown (Pittsburgh: University of Pittsburgh Press, 1973).

⁵⁷P. Wilcox, "Positive Mental Health in the Black Community: The Black Liberation Movement," in *Racism and Mental Health Essays*, eds., C. Willie, B. Kramer, and B. Brown (Pittsburgh: University of Pittsburgh Press, 1973), 463-524.

the self. Other anti-African messages are negative images such as skin color, physical appearance that refers to a large nose, and wide butts. Stereotypes of sexual promiscuity, welfare dependency, and being called a “drama queen” are other negative anti-self messages. For black women, achieving mental health involves a process of accepting, empowering, and positively embracing all aspects of self. Further, it involves finding ways of engaging in self-validation and development of capabilities regardless of racist and sexist assaults. Franklin and Jackson sum it up with these words, “It means living with hope, despite obstacles that often seem beyond an individual’s control.”⁵⁸

Social health involves interaction with others, social skills, and the ability to respect differences in others. Social support is a major function in the lives of African American women; however, many women do not reveal personal information about themselves. All of the women interviewed agreed that a support group is needed, but they did not trust the members of the Ministers’ Wives and Widows Association. They had experiences related to mistrust, power struggles, and self-serving individuals. Studies show that ongoing life problems and stressful events are less detrimental to psychological well-being when support levels are high among black women.⁵⁹ Voluntary organizations such as the church are major sources of support for black women.⁶⁰ Ellison and Gay have associated religious involvement with emotional well-being.⁶¹ After family and friends,

⁵⁸A. J. Franklin and J. S. Jackson, “Factors Contributing to Positive Mental Health,” in *Handbook of Mental Health and Mental Disorders among Black Americans*, ed., D. Ruiz (New York: Greenwood Press, 1990), 291-307.

⁵⁹*Ibid.*

⁶⁰Robert J. Taylor and Linda M. Chatters, “Church Members as a Source of Informal Social Support,” *Review of Religious Research* 30, 2 (December 1988): 193-203.

⁶¹Christopher G. Ellison and David A. Gay, “Region, Religious Commitment, and Life Satisfaction among Black Americans,” *Sociological Quarterly* 31 (January 1990): 123-147.

the black church and clergy are more important social support systems for women than for men.⁶² Allen and Britt report that an invaluable source of support for black women is that which derives from the friendships they share with other black women.⁶³ Hooks developed a support group that provided evidence of the positive impact of friendships among black women.⁶⁴

Sources of Support for Black Women

Black women play an important role in keeping the systems of family and community networks strong and working together. They also believe that it is vital to maintain trusting and caring relationships. Social support is a major function in these networks. Researchers have shown that support, especially emotional support, contributes to the ability of black women to lead satisfying and emotionally healthy lives.⁶⁵ Social support is needed to maintain good mental health during times of great stress and turmoil. Studies show that ongoing life problems and stressful life events are less detrimental to the psychological well-being of black women when support levels are high.⁶⁶

⁶²Lena Wright Myers, *Black Women: Do They Cope Better?* (Englewood Cliffs, NJ: Prentice-Hall, 1980), 67.

⁶³L. Allen and D. E. Britt, "Black Women in American Society: A Resource Development Perspective," *Issues in Mental Health Nursing* 5 (May 1983): 61-79.

⁶⁴Bell Hooks, *Sisters of the Yam: Black Women and Self-Discovery* (Boston: South End Press, 1993).

⁶⁵Brown and Gary, "Stressful Life Events," 165-174.

⁶⁶*Ibid.*

Social Support and the Black Church

The black church has always embodied a strong sense of community, thereby providing a supportive environment.⁶⁷ Historically, most agencies in the white community refused to serve blacks, and the black church accepted the role of serving as the community's own social welfare function. That function included the establishment of housing, financial institutions, educational institutions, health care, employment services, and legal services.⁶⁸ The black church continued to serve as a surrogate family to lonely, hopeless, and elderly people and provided them with friendship, fellowship, and salvation. Other ministries in the black church gave people food and financial assistance. Blacks in the church formed strong bonds with each other, which became a traditional way to maintain relationships with other blacks throughout the entire community.

In the black church, women are more likely than men to engage in various religious activities and grasp a higher level of religious attitudes and beliefs than men. The gender differential is apparent across different samples and data collection points, and is comparable to the gender differential found in research among whites.⁶⁹ Higher levels of religious involvement suggest that religion may have special relevance for black women. Further, a small number of empirical investigations suggest that among black

⁶⁷A. B. Pollard, "Race, Religion, and Resistance in the African American Experience," (paper presented at the Associacao Nacional Casa Dandara International Seminar, Minas Gerais, Brazil, 1995), 21.

⁶⁸Ann Streaty Wimberly, ed., *Honoring African American Elders: A Ministry in the Soul Community* (San Francisco: Jossey-Bass, 1997), 21-34.

⁶⁹C. D. Baston, P. Schoenrade, and W. L. Ventis, *Religion and the Individual: A Social Psychological Perspective* (New York: Oxford University Press, 1993), 40-49.

women, religious involvement is positively associated with mental health and well-being.⁷⁰

Spiritual health may be defined as the ability to love and be loved.⁷¹ Richard Eberst says, “it includes trust, integrity, principles and ethics, the purpose or drive in life, basic survival instincts, feelings of selfishness, belief systems, commitment to a higher power, and a degree of pleasure seeking.”⁷² Women outnumber men in presence, in worship, and in financial support in the black religious community. The church serves as an integral component in the lives of black women. The church is a vital support system for many black women, but not necessarily for clergy spouses. Through empirical investigation, Ellison and Taylor suggest that black women and religious involvement have a positive connection to mental health and well-being.⁷³

Emotional Health, Psychological Well-Being, and Religion

Emotional health is concerned with matters of feelings, rather than thinking. It includes the areas of self-esteem, love, empathy, and the ability to express emotional feelings. Researchers have shown that support, especially emotional support, contributes to the ability of black women to lead satisfying and emotionally healthy lives.⁷⁴ This research study demonstrated the connection between social support and emotional well-being among black female clergy spouses.

⁷⁰Ellison and Taylor, “Turning to Prayer,” 111-131.

⁷¹Williams and Knight, *Healthy for Life*, 1-2.

⁷²Richard Eberst, “Defining Health: A Multidimensional Model,” *Journal of School Health* 54 (1984): 99-104.

⁷³Ellison and Taylor, “Turning to Prayer,” 111-131.

⁷⁴Brown and Gary, “Stressful Life Events,” 165-174.

Chatters, Levin, and Ellison report that religious involvement has preventive and positive therapeutic effects on mental health outcomes.⁷⁵ Other researchers report that religious involvement, mental health, and psychological well-being indicate a positive association.⁷⁶ However, Batson, Schoenrade, and Ventis' review suggests that findings for the relationship between religion and mental health are mixed. They believe when individuals use religion to achieve some end, such as emotional support or social status, it is negatively associated with mental health.⁷⁷ Conversely, when religion is viewed as a guiding principal in one's life, it is positively associated with mental health.⁷⁸

Research is scarce regarding the relationship between religion and mental health or psychological well-being among women, but the few available studies suggest that religion has a beneficial influence.⁷⁹ Shaver, Lenauer and Sadd's study of 2,500 American women found that high levels of religious involvement were related to better mental and physical health.⁸⁰ A study of black women from Missouri revealed that women with low levels of religious involvement reported significantly more psychological symptoms than those with high levels of religious involvement.⁸¹ The

⁷⁵Linda M. Chatters, Jeffrey S. Levin, and Christopher G. Ellison, "Public Health and Health Education in Faith Communities, *Health Education and Behavior* 25, 6 (December 1998): 689-699.

⁷⁶*Ibid.*

⁷⁷Batson, Schoenrade, and Ventis, *Religion and the Individual*, 39-45.

⁷⁸*Ibid.*

⁷⁹*Ibid.*

⁸⁰P. Shaver, M. Lenauer, and S. Sadd, "Religiousness, Conversion, and Subjective Well-Being: The Healthy-Minded Religion of Modern American Women," *American Journal of Psychiatry* 137 (1980): 1563-1568.

⁸¹*Ibid.*

evidence suggests that religious involvement is positively associated with mental health and psychological well-being among black women.⁸²

The Black Church and Public Awareness

Taylor and Chatters found that volunteering in the church is a major source of social support among black woman.⁸³ Lincoln and Mamiya associated religious involvement with feelings of emotional well-being.⁸⁴ Many black churches have in place some form of screenings or health fairs for their members. However, in several black churches, there is a lack of educational awareness programs on psychological issues that relate to female clergy spouses. There is no evidence that local black churches have in place a ministry for the care of the clergy spouse. In many instances, the clergy spouse may serve in the area of pastoral care and is viewed as a person who is immune to experiencing stress.

Taylor and colleagues reviewed the literature on the delivery of mental health services to congregants in faith communities. They found that several factors impact the delivery of mental health services, including the size of the congregation, congregation age, socioeconomic status, and educational background, as well as the religious training of clergy, and clergy orientation with respect to community activism.⁸⁵ Their review indicated that for many blacks, the clergy is their first professional contact for help with

⁸²Lincoln and Chatters, "Keeping the Faith," 225.

⁸³Taylor and Chatters, "Church Members," 193-203.

⁸⁴C. Eric Lincoln and Lawrence H. Mamiya, *The Black Church in the African-American Experience* (Durham NC: Duke University Press, 1990), 45-50.

⁸⁵Robert Joseph Taylor, Christopher G. Ellison, Linda M. Chatters, Jeffrey S. Levin, and Karen D. Lincoln, "Mental Health Services in Faith Communities: The Role of Clergy in Black Churches," *Social Work* 45 (September 2000): 73-87.

personal problems. Generally, clergy receive little preparation in recognizing emotional and social needs of congregants and they lack knowledge concerning what standard referral services are offered.⁸⁶ More educated clergy are likely to refer the person to professional health services.⁸⁷

While research reports that black women may experience a higher level of mental, psychological, and emotional well-being due to religious involvement, the black clergy spouse may experience a lower level of health and well-being. Female clergy spouses receive little social support and may be at risk for heart attacks, strokes, mental illness, and high blood pressure due to a lack of social health.

The available research on stress, religion, mental health, and social support, provides evidence that black female clergy spouses would greatly benefit from taking part in a sister care ministry. The following questions may be considered: What are some underlying factors concerning gender difference in religious involvement? Why do black females name church involvement as the only social support network next to family support? The literature identifies a number of possible explanations. One class of explanations is based on the customary social roles and activities performed by women and men that result in gender-based differences in family, work, and labor participation.⁸⁸ Another perspective suggests that religious teachings, beliefs, and practices, such as nurturance, and supportive care giving, are compatible with roles deemed appropriate for

⁸⁶Ibid.

⁸⁷Ibid.

⁸⁸D. DeVaus and I. McAllister, "Gender Differences in Religion: A Test of the Structural Location Theory," *American Sociological Review* 52 (October 1987): 472-481.

women.⁸⁹ Religious content, symbols, and meanings may have special relevance for women, given their greater identification with pro-social traits and involvement in family, social, and care giving roles and activities.⁹⁰ Historically, women remain the primary socialization agents for young children, and they are involved in moral instruction and the teaching of religious values and character in the home. Women have more exposure to and familiarity with religious information.

Finally, from the perspective of the researcher, black women, particularly clergy spouses, may participate in religious activities because they find them to be beneficial for coping with the demands and stresses associated with their various social roles and obligations. Clergy spouses may be exposed to more varied types of stressors than their husbands because of their involvement in family social roles, church social roles, and work social roles.

In this study, however, ten clergy spouses concurred that the black church does not provide a valuable social support network specifically for them. They believed the black church is a supportive institution for black women in general. Overall, the women concluded that the black church is a type of extended family, but they still could not confide in congregants concerning their deepest concerns, fears, doubts, and feelings of anger. The women believed there was no one to listen to clergy spouses in the black church. They thought that trust, confidentiality, and vulnerability were some concerns that did not allow them to share their hearts with other women. They had fears of being judged if they were honest with other women.

⁸⁹Lincoln and Chatters, "Keeping the Faith," 224.

⁹⁰Ibid.

Listening

Listening is an important theme in this research paper. Stephen R. Covey gives four levels of listening in his best-seller, *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. “When one person speaks, the listening person may: ignore the person, pretend to listen, select listening, or practice attentive listening.”⁹¹ When ignoring a person, one does not listen at all to what is being said. In pretending to listen, one may respond by saying, “Right, Yeah, or Uh-huh.” In selective listening, one hears only certain parts of the conversation. As a substitute teacher, the researcher understands that selective listening is common, because the students chatter constantly. Attentive listening is looking the person in the eye, paying close attention, and focusing on the individual speaking. Covey writes, “But very few of us ever practice the fifth level, the highest form of listening, *empathic listening*.”⁹²

Covey explains, “empathic listening as seeking first the intent to understand. In empathic listening one connects within, the other person’s frame of reference. It means to see the situation from the perspective of the speaker. It refers to seeing the world as the one speaking and understanding how they feel.”⁹³ This suggests that experiences are different and people have the ability to empathize with others in varying situations. The writer believes that black female clergy spouses should be expressive without being judged or intimidated by the listener. The women should be able to speak without the listener replying, controlling, or manipulating the conversation. Covey calls this

⁹¹Stephen R. Covey, *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change* (New York: First Fireside Edition, 1990), 240.

⁹²*Ibid.*

⁹³*Ibid.*

sympathy, which is not empathy.⁹⁴ The researcher as a clergy spouse who needed to talk with someone, did not want the women to feel sorry for her. Covey defines sympathy as an agreement, a form of judgment.”⁹⁵ He declared that, “sympathy may cause the person speaking to become dependent upon sympathetic remarks. Empathic listening, writes Covey, is to “fully and deeply understand that person, emotionally.”⁹⁶

The researcher incorporated Covey’s empathic listening approach during face-to-face interviews and telephone interviews with black clergy spouses. Choosing to video and audiotape the face-to-face interviews, the writer could effectively: listen with her ears and eyes; listen for feeling and meaning; and listen for unexplained behavior. It was the writer’s intention to create an environment of peace, trust, and understanding for the interviewee. She worked hard to refrain from being condescending, manipulative, intimidating, and showing any self-serving behavior. It was important to the writer that the participants were comfortable and appreciated.

Theological Foundation for Sister Care

The ministry focus of this study explored the concerns of black clergy spouses by organizing a support group that provided pastoral care for women to be heard, and to develop strategies and models that promoted well-being. The researcher believes that God is and has always been interested in women, particularly black women. She also believes that women and men are equally important to the Kingdom of God. The researcher does not have a problem with the viewpoint of God being male. However, she believes women and men have different roles and functions that are not necessarily in

⁹⁴Ibid.

⁹⁵Ibid.

⁹⁶Ibid.

opposition to each other. To the researcher, God is inclusive of everyone who believes in the liberating power of God, through Jesus Christ. Therefore, the theological foundations for this study are Womanist theology and Pastoral theology; both schools of thought fall within the context of liberation theology.

Authors Thomas and Wondra give three definitions for theology. The first definition for theology is an activity of the Christian church.⁹⁷ Theology is faith seeking understanding and clarity of God, the church, and the Word. Secondly, theology is the methodical investigation and interpretation of the content of Christian faith, the orderly clarification and explanation of what the Christian message affirms.⁹⁸ Finally they defined theology as what one believes and how it shapes their lives.⁹⁹

Erickson defined theology as the study or science of God. His more complete definition of theology is that it is a discipline which strives to give a coherent statement of the doctrines of the Christian faith, based primarily upon the Scripture, placed in the context of culture, worded in a contemporary idiom, and related to issues of life.¹⁰⁰ Erickson believes that theology is Biblical, systematic, contemporary, and relates to culture and the practical.¹⁰¹

In the twentieth century, there has been much interest in how socio-cultural and racial or ethnic groups experience the Christian faith and how they express it. The

⁹⁷Owen C. Thomas and Ellen K. Wondra, *Introduction to Theology*, 3rd ed. (Harrisburg, PA: Morehouse Publishing, 2002), 1.

⁹⁸*Ibid.*

⁹⁹*Ibid.*, 2.

¹⁰⁰Millard J. Erickson, *Christian Theology* (Grand Rapids: Baker Book House, 1983), 21-22.

¹⁰¹*Ibid.*

emergence of black theology, feminism, and Womanism developed as the result of this interest. Theologians who embrace theology from a contextual perspective are often persons who come from a community that has suffered from being marginalized, subjugated, and disadvantaged from the hand of a dominating culture. One such theologian who used this approach is James Cone. He used the theology of liberation and dehumanization to call for justice and freedom for the black community. His definition of theology includes contextual language that is defined by human condition.¹⁰² Further he defined theology as Christian theology in that it centers on Jesus Christ.¹⁰³ For Cone, the task of black theology is to analyze the nature of the Gospel of Jesus Christ in the light of oppressed blacks so they will see the Gospel as inseparable from their humiliating condition.¹⁰⁴ Born out of the race issues of the sixties, black theology committed another sin, the sin of its failure to address and include black women in the struggle for justice. Cone admitted the failure of men to address the issue of sexism in the black community and the church was as an embarrassment on this issue.

Another approach for the interpretation of Scripture is presented by liberation theology, which is based on the exodus motif written in Exod. 12:31-51,¹⁰⁵ and identifies the Bible's central theme as "liberation." This suggests that God's mission in the world is to set humanity free from bondage. While liberation theology is a motif, the Biblical sense of liberation is not primarily the social, political and/or the economic reordering of

¹⁰²James H. Cone, *A Black Theology of Liberation: Twentieth Anniversary Edition* (Marynoll, NY: Orbis Books, 1990), 1-9.

¹⁰³*Ibid.*

¹⁰⁴*Ibid.*

¹⁰⁵Exod. 12:31-51 NKJV

society. Rather the Bible's message of liberation refers to freedom from the power and penalty of sin. By contrast, liberation theologians argue that all contemporary interpretations of the Bible must support ideologies of political and economic freedom in the name of freeing the poor and oppressed of the world. These theologians maintain that the world will achieve peace when all distinctions of race and economic disparities are eradicated. They view social and political activism as the outworking of the Great Commission, and personal experience, in the quest for liberation, becomes the primary guide for the applicability of any given text of Scripture.

Jesus, the liberator of the world, especially for women, lived his life in complete harmony with his teachings. The synoptic Gospels of the Bible provide resources for constructing a Christian understanding of redemption that speaks meaningfully to black women, given their historic experiences. In Jesus' own words written in Luke 4:18-19:¹⁰⁶

The Spirit of the Lord is upon me, because he has anointed me to preach good news to the poor. He has sent me to proclaim release to the captives and recovering of sight to the blind, to set at liberty those who are oppressed, to proclaim the acceptable year of the Lord.¹⁰⁷

Jesus redeemed humankind by showing them God's love. The previous Scripture text suggests that the Spirit of God in Jesus came to give humankind life and to release them from captivity. Jesus intended for people to experience freedom through relationship with him through the body, the mind, and the spirit.

Jesus defended the sinful woman in Luke 7:44;¹⁰⁸ he defended Mary's actions in 10:38;¹⁰⁹ Jesus defended the woman who washed his feet in John 12:1-8.¹¹⁰ In reference

¹⁰⁶Luke 4:18-19 NKJV

¹⁰⁷Ibid.

¹⁰⁸Luke 7:44 NKJV

to Mary of Bethany, the balance that is missing in liberation theology is noted. Jesus commended Mary for giving her time and energies to understanding the Scripture even when there were mundane and social needs to meet, (Luke 10:38-42).¹¹¹ Jesus addressed the issue of the poor in relation to his own messianic task when Mary used a costly fragrance to anoint him as described in John 12:1-8.¹¹² This does not suggest that meeting the needs of the poor is not important, for Christians must always address social inequities and economic needs.

Womanist Emily Townes, editor of *Embracing the Spirit*, wrote an essay that is relevant to health issues in the black family, titled, “The Doctor Ain’t Taking No Sticks.”¹¹³ The essay used the health care debate to frame health issues in the black community. Townes reviewed the Tuskegee Syphilis Study regarding health care for blacks and the ways in which hope can help people address health care inequities in the United States.¹¹⁴ The Tuskegee experiment caused bad blood between the black community and the medical establishment.¹¹⁵ Townes suggested there is time for healing for the wounded spirit in the black community. She wrote, “Hope can create new

¹⁰⁹Luke 10:38 NKJV

¹¹⁰John 12:1-8 NKJV

¹¹¹Luke 10:38-42 NKJV

¹¹²John 12:1-8 NKJV

¹¹³Emily M. Townes, ed., “The Doctor Ain’t Taking No Sticks”, *Race and Medicine in the African American Community*, in *Embracing the Spirit: Womanist Perspective on Hope, Salvation, and Transformation* (Maryknoll, NY: Orbis Books, 1997), 179-194.

¹¹⁴Delores S. Williams, *Sisters in the Wilderness: The Challenge of Womanist God-Talk* (Maryknoll, NY: Orbis Books, 1993), 20-33.

¹¹⁵*Ibid.*, 187.

opportunities for pain and disappointment. When we (blacks) believe in this hope, it will order and shape our lives in a way that is not always predictable, not always safe, and rarely conventional.”¹¹⁶

Womanist Delores S. Williams wrote in *Sisters in the Wilderness: The Challenge of Womanist God-Talk*, using the image of Hagar as a prototype for the struggle of black women. Hagar’s story provides an image of survival and defiance appropriate for black women today. The themes inherent in Hagar’s story of poverty, slavery, ethnicity, sexual exploitation, and encounters with God, parallel the history of black women from slavery to the present. A particular theology emerges as Womanist theology, from this shared experience.¹¹⁷

According to Linda Thomas, Womanist theology is critical reflection upon black women’s place in the world that God has created. The issues of life that black women deal with daily, for example, race, womanhood, church, and economics, are intricately woven into the religious space these women occupy. Womanist theology affirms and analyzes the positive and negative attributes of the church, the black community, and the larger society.¹¹⁸

Thomas’ perspective is that goals of Womanist theology should address the social aspects of black women in relation to the black community. She also believes that black men and women must engage in critical conversations concerning theology so both can

¹¹⁶Ibid., 191.

¹¹⁷Ibid.

¹¹⁸Linda E. Thomas, “Womanist Theology, Epistemology, and a New Anthropological Paradigm,” *Cross Currents* 48, 4 (Winter 1998/1999): 488-499.

positively influence the black family and the community. Thomas states that the sanctity of the black family ranks high on the Womanist's theological agenda.¹¹⁹

According to Thomas, Womanist theology embraces complete inclusiveness in the lives of all black people. The freedom of black women leads to the liberation of all people regardless of race, gender, and class.¹²⁰ Moreover, Womanist theology asserts what black women's unique experiences mean in relation to God, creation, and survival in the world. Thus, the tasks of Womanist theology are: to claim history, to declare authority for our men, our children, and ourselves; to learn from experience; to admit shortcomings; and to improve our quality of life.¹²¹

This researcher believes that black theology does not answer the needs of black women in the church because its leadership continues to hold onto some sexist ideologies. Therefore, this project is based on the theological foundation of Womanism because the researcher believes that God is concerned and active in the lives of women. The researcher believes that Womanist theology addresses the needs of black women, and for this project, black clergy spouses.

Rationale for Womanist Theology and Sister Care

A great portion of clergy spouses are victims of offenses given in the black church, since members of the congregation make traditional assumptions and have unrealistic expectations of clergy spouses. Further, the pastor sometimes has traditional beliefs and assumptions concerning the role of his spouse. He may be unaware of his spouse's deep feelings of mistrust, isolation, and invisibility. The pastor may choose

¹¹⁹Ibid.

¹²⁰Ibid.

¹²¹Ibid.

Biblical texts that do not address issues concerning women. He may overlook many opportunities to promote healing, restoration, and a better quality of life for women. For this reason, Womanist theology strives to foster the visibility of black women.

Biblical Foundation for Sister Care

Biblical Perspectives for a Wife

Under Mosaic law as recorded in Lev. 2:15,¹²² the priest was instructed to choose a wife of impeccable character, one who was a virgin and in his own race. Levitical priests were assigned to oversee corporate worship and they represented God to the people until the law was fulfilled in Christ. According to the law, the people considered the priest as holy unto God, and therefore, the priest's wife had to be holy and not defiled. The law demanded that the priest and his wife commit to a life of holiness. Many stories regarding godly women appear throughout the Bible, but the virtuous wife described in Proverbs 31, merits special praise.¹²³

In Prov. 31:10-31, a description is given for the kind of wife a woman should be and the kind of woman a man should choose to marry. The text informs the reader on what a wife should be, but it does not provide information on who she is. In verse one, the author poses a question, "Who can find a virtuous wife?" This amazing wife was a model of virtue in that she was trustworthy, industrious, organized, and loving.

Wisdom is a common theme found throughout the book of Proverbs. The virtuous wife was wise in the way she handled her household. She exemplified the truth spoken by Jesus Christ, "Seek first the kingdom of God and His righteousness, and all these things

¹²²Lev. 2:15 NKJV

¹²³Prov. 31:10-31 NKJV

shall be added to you” (Matt. 6:33).¹²⁴ This woman’s life can serve as proof that a wife is valuable in how she sets her own priorities, manages her time and resources, and uses the giftedness God has given to her.

The positive qualities are contrasted with the “contentious wife” found in Prov. 19:13.¹²⁵ In this text, the ingredients of a tragic and miserable home are presented. This is the first of five references in Proverbs that describes a quarrelsome wife (Prov. 21:9, 19, 25:24; 27:15).¹²⁶ The work contentious can be defined as quarrelsome. The continual dripping that drives one to distraction is irritating. In contrast, a wise wife is cautious and has good judgment and discretion.

The pastor’s wife has many unique needs that only her spouse can meet. According to 1 Pet. 3:7,¹²⁷ “Husbands, likewise, dwell with them (wives) with understanding, giving honor to the wife, as to the weaker vessel, and as being heirs together of the grace of life, that your prayers may not be hindered.” Thus, the male spouse provides spiritual leadership that includes family worship and prayer, and Bible study. He provides: personal affirmation (Eph. 5:25, “Husbands, love your wives, just as Christ also loved the church and gave Himself for her...”),¹²⁸ intimate, sensitive, and understanding communication (Song of Sol. 2:16, “My beloved is mine, and I am his”),¹²⁹ integrity that is worthy of respect and transparency so that nothing is hidden

¹²⁴Matt. 6:33 NKJV

¹²⁵Prov. 19:13 NKJV

¹²⁶Prov. 21:9, 19, 25:24, 27:15 NKJV

¹²⁷1 Pet. 3:7 NKJV

¹²⁸Eph. 5:25 NKJV

¹²⁹Song of Sol. 2:16 NKJV

(Gen. 2:25, “And they both were naked, the man and the woman, and they were not ashamed”),¹³⁰ provision and sustenance as well as protection (Gen. 2:15-16 “Then the Lord took the man and put him in the garden of Eden to tend and keep it”),¹³¹ and commitment of loyal devotion (Eccles. 9:9, “Live joyfully with the wife whom you love all the days of your vain life which he has given you under the sun, all your days of vanity.”¹³²

In the New Testament, Paul describes to Timothy the qualities of reverence and self-control needed in the wives of spiritual leaders (1 Tim. 3:11, 12).¹³³ Although this text refers to wives of deacons, it may refer to wives of all spiritual leaders. Paul wrote, “Likewise, their wives must be reverent, not slanderers, temperate, faithful in all things.”¹³⁴

In modern church life, the wife of clergy tends to serve with a high level of commitment. The Bible gives a profile for what a wife does, but there is limited literature that addresses her emotional, psychological, and social needs such as the story of a wife who became a widower and her daughter-in-law found in the Book of Ruth.

¹³⁰Gen. 2:25 NKJV

¹³¹Gen. 2:15-16 NKJV

¹³²Eccles. 9:9 NKJV

¹³³1Tim. 3:11-12 NKJV

¹³⁴Ibid.

The Book of Ruth

Sister Care Between Ruth and Naomi

According to the text, the story is set during the period of the Judges (Ruth 1:1; 4:13-22),¹³⁵ but the date of authorship is generally understood to be during the reign of David (1010-970 B.C.). The book must not have been completed before the time of David (Ruth 4:22),¹³⁶ yet, it was not completed after the time of Solomon, or the author of this Scripture would have included Solomon.

The book of Ruth portrays the village life of a family who honors God and divine providence even in the midst of adversities and sorrow. God uses simple people and ordinary events to accomplish his purposes. The researcher believes the book of Ruth is a primer on family relationships with a message for all. However, women must have been especially interested in this narrative in which the virtues of womanhood are clear. Some distinct themes appear in the book of Ruth:

Divine Providence: God used Ruth to comfort to Naomi during her greatest hurt following the deaths of her husband and sons.¹³⁷ God replaced Naomi's root of bitterness with a fountain of joy through the birth of her grandson, Obed (Ruth 4:17).¹³⁸

Commitment in Relationship: The book of Ruth describes the commitment to relationships. Ruth was willing to give up her home and family to follow God (Ruth 1:16-17).¹³⁹ She had a new faith and testimony that made her pledge permanent, even

¹³⁵Ruth. 1:1; 4:13-22 NKJV

¹³⁶Ibid.

¹³⁷Ruth 1:16-17 NKJV

¹³⁸Ruth 4:17 NKJV

¹³⁹Ruth 1:16-17 NKJV

in the midst of life's challenges. Commitment is foundational to every relationship and it implies that all parties have a vested interest in keeping the relationship going.

Friendship between Women: Ruth and Naomi developed a deep and lasting friendship that embodied God's love. They had a caring and supportive relationship. Friendships that last are built on unconditional love and social support. In the New Testament, Mary, the mother of Jesus, and Elizabeth, her cousin had a devoted friendship (Luke 1:39-56).¹⁴⁰

Three Women

Naomi, Orpah, and Ruth

The researcher provided some highlights regarding the supportive relationships between women in Old Testament Scripture. In approximately 1200 B.C., a famine in the region of Bethlehem caused Elimelech to take his wife Naomi and their two sons to dwell in the country of Moab. While in Moab, Naomi's husband died and she was left to rear her two sons. As a widow and a single parent, Naomi demonstrated inner strength and allegiance to God. When Naomi's two sons became men, they married Moabite women, Orpah and Ruth. After ten years of marriage, both husbands died, leaving the mother-in-law and her two daughters-in-law. Naomi returned to her home in Jerusalem.¹⁴¹

Orpah wavered in her commitment to Naomi and chose to return to her life in Moab to serve. She showed affection for the mother of her deceased husband. Orpah loved and respected her mother-in-law, but she did not have the depth of loyalty and a

¹⁴⁰Luke 1:39-156 NKJV

¹⁴¹Ruth 1-2, 3:1-13 NKJV

spirit of selflessness for a permanent lifestyle commitment to Naomi. ¹⁴²A woman can become distrustful and vulnerable when there is a lack of commitment in relationships.

Ruth accompanied Naomi back to Jerusalem, renouncing her own family and religion. Ruth, also a widow, had a close and supportive relationship with her mother-in-law, Naomi. She grew to admire, love, and respect her wise mother-in-law. Ruth chose to remain with Naomi and she became social support for her mother-in-law. ¹⁴³

Ruth listened to the complaints that Naomi had against God. Ruth provided a listening ear and emotional and social support for her mother-in-law. In returning to her homeland, Naomi introduced Ruth to her new environment and coached her on having a proper relationship with Boaz, a relative of Elimelech. Ruth traveled with Naomi and clung to her; she vowed to support Naomi in her struggles. ¹⁴⁴

Boaz became the redeemer for Naomi's family and asked Ruth to be his wife. Ruth then became a member of Naomi's family once again. Ruth was rewarded for deciding to follow Naomi, serving her God, providing a listening ear on the journey to Jerusalem, and serving as an emotional and social support system. She became the wife of Boaz, and conceived a son, Obed, who became an ancestor of King David and of Jesus Christ. ¹⁴⁵

Application

The story of Ruth is an excellent example of how the supportive help and the listening ear of Naomi's daughter-in-law was instrumental in her bitterness turning into

¹⁴²Ibid.

¹⁴³Ibid.

¹⁴⁴Ibid.

¹⁴⁵Ibid.

joy and well-being. The lesson demonstrated the importance of caring when overwhelming stress affects one's life. Though these two women were not clergy spouses, they cared for each other during stressful and joyous times in life. As Ruth aided in Naomi's restoration from pain and suffering, care among black female clergy spouses can offer comfort and support. Ruth remained committed as a true friend to Naomi, even in her old age. She was willing to support Naomi in the midst of complaining and blaming God for her misfortunes. In sister care, all social boundaries must be removed and replaced with the acceptance of and love for each clergy spouse. Sister care must include all clergy spouses, regardless of age, ethnicity, or religious affiliation.

Finally, the story of friendship between the younger Ruth and the older Naomi, demonstrates how social support can promote positive change. Naomi was thankful to Ruth and devised a plan that resulted in a higher quality of life for the two of them. Ruth was rewarded for her commitment and friendship to Naomi and became the wife of a wealthy relative of her former mother-in-law. Naomi turned from being bitter to being sweet when Ruth conceived and gave birth to Obed. There are great rewards for offering sister care.

Sister Care Between Mary and Elizabeth

In the New Testament, there are examples of women supporting each other during crisis situations. The Gospels of Matthew, Luke, and John record the story of Mary and Elizabeth. When the reader first meets Mary, she is engaged to Joseph, the carpenter of Nazareth. In Mary's culture, the couple celebrated by feasting with friends and relatives after the appropriate formalities took place: presenting the coin from the groom to the bride; stipulating the dowry; signing betrothal papers (binding the marriage); and

choosing two groomsmen, one for the bride and one for the groom. Following the celebration, there was a waiting period before the couple lived together. During the waiting period, Gabriel, the angel told Mary, “Thou shall conceive in thy womb, and bring forth a son, Jesus, the Son of the Highest”(Luke 1:31-33).¹⁴⁶ Gabriel told Mary that Elizabeth, her once barren relative, had conceived a son in her old age and was now in her sixth month. Mary faced her first stressful life event before her nuptials by disclosing her secret to Joseph. According to Matt.1:18-25, ¹⁴⁷ Joseph began to have second thoughts regarding Mary’s incredible story of becoming pregnant by an angelic visitation. Joseph, a just man who did not want to publicly embarrass Mary, decided to secretly divorce her. The engagement period was legally binding, and a divorce was required to break it. The Jewish penalty for infidelity was severe. The text in Deut. 22:20-23, explains, “But if the thing is true, and evidences of virginity are not found for the woman, then they shall bring out the young woman to the door of her father’s house, and the men of her city shall stone her to death, because she has done a disgraceful thing in Israel, to play the harlot in her father’s house.”¹⁴⁸ As Joseph thought out his plan to obey the law, and divorce Mary, an angel of the Lord appeared to him in a dream saying, “Joseph, son of David, do not be afraid to take to you Mary your wife, for that which is conceived in her is of the Holy Spirit. Being aroused from sleep, Joseph followed the instructions of the angel and married Mary (Luke 1:24).¹⁴⁹

¹⁴⁶Luke 1:31-33 NKJV

¹⁴⁷Matt. 1:18-25 NKJV

¹⁴⁸Deut. 22:20-23 NKJV

¹⁴⁹Luke 1:24 NKJV

In the meantime, Mary kept all these things to herself, pondering them in her heart. To whom could she tell this secret? Who would believe her? Her family and friends probably would have thought she was delirious had she told her preposterous story. Could she confide in her husband, Joseph, and would he believe her story? She decided to share her story with Elizabeth because she would listen and understand. She needed a safe and trusting environment in which she could freely express the angelic events, support Elizabeth, and get the support she desperately needed. Both women needed a listening ear that only sister care could provide.

Luke records that Mary, the mother of Jesus, traveled hundreds of miles to visit her cousin Elizabeth to discuss the details of Gabriel's visitation. She traveled from Nazareth to Hebron to stay with Elizabeth for three months during her pregnancy. Why did Mary choose to share her secret with Elizabeth? Perhaps Mary believed that Elizabeth would understand the secret hidden in her heart concerning what the angel spoke in her becoming the mother of the Lord Jesus Christ. Elizabeth would understand because she had experienced a miracle by becoming pregnant in her old age.

Elizabeth, a priest's wife, was no stranger to grief and sorrow. She had longed for a child and understood the pain of childlessness. In that culture, women who could not give their husbands a child, especially a son, were looked upon with disdain. Perhaps Mary needed a shoulder to cry on as she worried that Joseph would divorce her. She needed a trusting person with whom she could share her amazement, shock, struggles, and joys. When women share personal information, they build trust.

When Mary arrived at her cousin's home, Elizabeth's baby leaped in her womb at Mary's greeting (Luke 1:41).¹⁵⁰ Loudly, Elizabeth spoke affirming words to Mary saying, "Blessed are you among women, and blessed is the fruit of your womb. But why am I so favored, that the mother of my Lord should come to me? As soon as the sound of your greeting reached my ears, the baby in my womb leaped for joy." (Luke 1:42-44).¹⁵¹

God provided Elizabeth for Mary as a kind of spiritual grandmother, and a pregnant grandmother. Elizabeth would nurture Mary and encourage her in the Lord. She was Mary's instructor and teacher, her friend and confidant, and her mentor and advocate. God gave Elizabeth to Mary for a special period of time and a purpose. Mary went to provide sister care to Elizabeth. In return, Mary received emotional and spiritual support from Elizabeth before returning to her hometown to face the jeers, the gossip, and the lies. According to Scripture, the angel had pronounced that Elizabeth was in her sixth month. Mary probably remained with Elizabeth until the birth of her son, John, since she stayed for three months. Mary returned home to discover that an angel had visited her husband, Joseph, and he would not divorce her. The story ends with Mary giving birth to the Savior, Jesus Christ.

Application

These two godly women received sister care during stressful life events. Each woman provided the other with emotional support, spiritual support, and friendship. Elizabeth was a clergy's spouse, and her experience in that role enabled her to understand her cousin's dilemma. The lesson demonstrates the need for a listening ear, social support, honor, and affirmation for women, which includes clergy spouses. The lesson

¹⁵⁰Luke 1:41 NKJV

¹⁵¹Luke 1:42-44 NKJV

teaches the importance of having a safe and trusting environment in which women can express their deepest and most secretive concerns.

The History of the Black Church

The connection between the black church, public health, and this study is education. This project attempted to educate clergy spouses in the black church community on well-being and health issues among black women who are clergy spouses. It is hoped that health education will motivate black clergy spouses to be attentive in a holistic way concerning mental, emotional, social, and spiritual well-being.

The black church can play an integral part in educating its congregants, since the pastor has a powerful voice in the community because he is resourceful and influential in his position. Therefore, it is imperative that black male ministers become educated and advocate for the well-being of their congregants, their families, the black community at large, and especially, their spouses.

A starting place for the church in regards to well-being is education that focuses on stress and coping skills. It appears that many black Christians believe that one should be able to get over anything, including health problems, by just praying. Secondly, the church can play a major role in improving access to mental health professionals and other health facilities. Congregants must be familiarized with available resources that advocate and promote well-being.

The experiences of attending church, worshipping God, praying and receiving social support through crises, provide evidence that as a black female, the black church is the main source of support. A study of black women in Missouri found that women with low levels of religious involvement reported significantly more psychological symptoms

than those with high levels of religious involvement.¹⁵² Jones suggests that, “Coping resources that are available to blacks, such as prayer, church attendance, involvement in church activities, and fellowship with other members validate the importance of social support.”¹⁵³

James Cone and many other black theologians, define the black church from a theological perspective. They all agree that throughout the black religious history, the reality of Jesus as the Son of God made flesh, finds a deep response in faith and worship for black people. Theologically, the major aspect of black Christian belief is in the symbolic importance given to the word “freedom.” Throughout history, the word “freedom” has found a deep religious resonance in the lives and hopes of blacks.¹⁵⁴

Gayraud Wilmore defines the black church from a historical and political perspective. He comments on the survival and liberation traditions that are rooted in slave religion, which are expressed in all forms of black religion, politics, and culture. Wilmore writes, “What may be called the liberation tradition in black religion also begins with the determination to survive. But because it is exterior rather than primarily interior, and for that reason its carriers find more space in which to maneuver, it goes beyond strategies of sheer survival to strategies of elevation, from “make do” to “must do more.”¹⁵⁵ “Both

¹⁵²Paul J. Handal, W. Black-Lopez, and S. Moergen, “Preliminary Investigation of the Relationship between Religion and Psychological Distress in Black Women,” *Psychological Reports* 65, 3 (December 1989): 971-975.

¹⁵³Althea Taylor Jones, “Family Enrichment, Health Promotion, and Social Support: An Intergenerational Perspective,” Symposium conducted at the Annual Conference of the Southeastern Council on Family Relations, Atlanta: GA, 1996.

¹⁵⁴James H. Cone, *For My People: Black Theology and the Black Church* (Maryknoll, NY: Orbis Books, 1984), 20-22.

¹⁵⁵Gayraud S. Wilmore, *Black Religion and Black Radicalism: An Interpretation of the Religious History of Afro-American People*, 2nd Enlarged Ed. (Maryknoll, NY: Orbis Books, 1984), 227.

strategies are basic to Afro-American life and culture. They are both intertwined in complex ways throughout the history of the Diaspora. Both are responses to reality in a dominating white world. Both arise from the same religious sensibility and inheritance that took institutional form in Afro-Christian and Afro-Islamic cults and sects from the mid-eighteenth century onward.”¹⁵⁶ The researcher believes that black religion served as a means of survival for black people since they relied on the church and each other in order to function in their roles in life. It was a way for them to survive in life.

Regardless of sociological, theological, historical, and pastoral explanations, the black church has escaped an exact definition. Some believed the church was rooted deeply in the soul of the black community. Others thought the church was symbolic of the four hundred year old struggle blacks had against oppression. The researcher believes the church is the heart of hope in the black community’s experience with oppression and struggle for survival.

The church has been the bedrock of faith, a balm of healing for hurting and weary people, and a strong voice on behalf of the oppressed. The black church has not been a single institution, but has been identified as a distinctive community for black people. From its inception, the black church has been the most important and dominant institution in black communities. It has continued to function beyond the boundaries of spiritual nurturing that offers activities and programs that strengthens families.

The black church has been involved in politics, civil rights issues, and community outreach programs. The fundamental values of survival and liberation remain deeply

¹⁵⁶Ibid.

embedded in the culture of the church. The people's involvement in the church is motivated by foundational convictions that uphold Biblical doctrine.

The black church has been the primary training ground for the development of leadership skills in men and women. This is evident, especially, for those who have aspired to become politicians or community leaders. Many famous historical figures were involved in slave revolts, abolitionism, and the civil rights movement. They held positions as clergy or were identified in some way with black churches.

The black preacher has been central to the spiritual growth of the church. His roles include being the pastor, community leader, prophet, civil rights advocate, and chief administrator of the church. He has played a significant part in the social and religious development of black people over the years. During slavery, the preacher was able to communicate religion in a useful and an intimate way to enslaved people. As a person who suffered with the congregants, the preacher made religion a discipline and a foundation of hope.

Since the institution of slavery, the black church has always been involved in educating its people. Early slaveholders believed that if slaves received an education, it might inspire them to revolt and ultimately destroy the institution of slavery. If this were true, slavery would have ended long ago. Rather, the Reconstruction period proved to be an unplanned system that had no significant benefit for slaves, which resulted in individuals who had not been prepared socially or economically to succeed in America. Education was a priority for black people who were affiliated with the church. Teaching a slave to read and write was illegal during slavery; hence, slaves wanted to become

educated. They knew that learning to read would provide better opportunities and motivate them to study the Bible for themselves.

The black church has been the main institution in the community where its congregants have found a place to express their God-given gifts, receive recognition, develop talents, and cultivate inner strength for self-determination and worth. The pastor has taught the family to view stressful events and negative experiences in positive ways. It is important to black people to have close relationships with extended family members. The church has been a place where the role of the extended family members is greatly appreciated. Black people have a different meaning of what relatives are included in the family. They include other family units, often people who are not biologically related, as family members. Many black families share kinship ties that are traditional in ways that reinforce their need to maintain a supportive environment within their community.

Public Health and Blacks

The history of how public health programs operated in the black community was less than positive. From the early 1930s to the early 1960s, these programs were often described as efforts to treat the black community. For example, programs were designed to study the effects of untreated syphilis, to control the spread of infections, or to make attempts to reduce fertility among blacks.¹⁵⁷ Individuals who worked in public health services and executed their programs treated blacks as subjects who were participants in research experiments. In the 1960s, public health services developed programs to improve the black community.¹⁵⁸ These programs provided maternal and child health

¹⁵⁷Bill Jenkins, "AIDS/HIV Epidemics in the Black Community," in *Health Issues in the Black Community*, eds., Ronald L. Braithwaite and Sandra E. Taylor (San Francisco: Jossey-Bass, 1992), 61.

¹⁵⁸*Ibid.*

services, comprehensive community health services, and community development. The programs provided funds to black and other minority communities and national organizations to develop HIV prevention messages and interventions. Since 1986, similar programs have provided support to minority organizations to create activities aimed at the prevention of cancer, heart disease, drug abuse, and other conditions.

It was difficult for public health officials to include members of the black community in critical decision-making. They were often baffled by the continued resistance to messages of prevention and did not appreciate the differences in perspectives regarding roles. Some public health officials found it difficult to work with black communities as “partners” and not as “clients” or “subjects.”¹⁵⁹ Responding to this need, the Center for Disease Control (CDC) funded fifteen minority community-based organizations in 1988 and twenty-four in 1990. On the other hand, minority organizations did not have substantial experience in illness prevention programs.¹⁶⁰ In 1987, the CDC funded three national minority organizations. They funded five in 1988, seven in 1989, and ten in 1990.¹⁶¹ Historically, the better known minority organizations were frequently sponsored by alcohol and tobacco companies, which did not encourage the development of public health prevention programs.¹⁶² Public health agencies often lacked

¹⁵⁹Ibid.

¹⁶⁰Ibid.

¹⁶¹Ibid.

¹⁶²Ibid.

understanding in how to gain minority participation, and minority organizations often lacked experience in the infrastructure of public health.¹⁶³

¹⁶³Ibid.

CHAPTER FOUR

Methodology

Rationale for Qualitative Research

A qualitative approach was selected for this research. One of the goals of this study was to provide the opportunity for the participants to share their personal stories and life experiences as a clergy spouse. Participants revealed the stressors and expectations, whether realistic or not, associated with their role as a clergy spouse and how their lives were affected. Narrative research using open-ended interview questions regarding the lives of black female clergy spouses justified the use of qualitative method.

Creswell defined the qualitative approach as, “one in which the researcher often makes knowledge claims based primarily on constructivist perspectives (the multiple meanings of individual experiences, and social and historical meanings), with an intent of developing a pattern or theory, advocacy, and participatory perspectives (change oriented, collaborative, political or issue-oriented).” Strategies of inquiry used in qualitative research are: narratives, phenomenology, ethnography, case studies, and grounded theory studies. The researcher collected emerging data with the primary intent of developing themes from the data.¹

The qualitative approach was selected for this project because one of the goals was to rely as much as possible on the participants’ views of the situation being studied.² Another goal for this study was to provide the opportunity for participants to share their

¹John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Method Approaches* (Thousand Oaks: Sage Publications, 2003), 18.

²Ibid., 8.

personal stories and life experiences relative to social support. Using open-ended questions, the qualitative method permits the participants to express their views.³

In qualitative methods, the researcher brings personal values into the study, focuses on a single concept or phenomenon, and studies the natural context of the participants.⁴ The focus of qualitative research is on participants' perceptions and experiences, and how they make sense of their lives. The data that emerge from qualitative study are descriptive, and data are reported in words, primarily those of the participants, or in pictures rather than in numbers.⁵

Site and Sample

Purposive sampling was used for this study of black female clergy spouses. Purposive sampling refers to a determination made or opinion formed prior to conducting research to sample informants predicated on a preconceived, but plausible prototype.⁶ The use of this method empowered the investigator to recruit and include black females who are clergy spouses, members of the black church, and actively involved in the Ministers' Wives and Widows Association.

To locate the sample, the researcher talked to a colleague concerning her proposed doctoral thesis to provide sister care for black female clergy spouses. Surprisingly, she responded that she was a clergy spouse and was also an active member of the Ministers' Wives and Widows Association. The member suggested that the researcher join the association because of her status as a widow of a black clergy person.

³Ibid., 9.

⁴Ibid., 19.

⁵Ibid., 199.

⁶Matthew B. Miles and A. Michael A. Huberman, *Qualitative Data Analysis: A Source Book of New Methods*, 2nd ed., (Thousand Oaks: Sage Publications, 1994), 27.

The researcher agreed. After becoming a member of the organization, the researcher solicited the participation of those black female clergy spouses to become a part of this study.

In using personal interviews with narrative research questions, evaluations of the collected data allowed the researcher to understand how to identify the needs and concerns of the clergy's female spouses; how to address those needs; how to better educate these women in coping with the stressors of their roles; and how they can collectively create positive change for good mental health.

CHAPTER FIVE

Field Experience

Data Collection

There were ten interviews conducted with the black female clergy spouses who ranged in age from forty to seventy years old. The researcher, professional associates, and context associates met many times to design the research questions.

Instrumentation

Each interview was preceded by an explanation and reading of the consent form that was designed by the researcher, professional associates, and context associates. The researcher held a brief discussion to explain the purpose of the project, confidentiality, anonymity, and contributions of the project. Each participant communicated an understanding of the procedures and signed the consent form (see Appendix A). The researcher set up all technical equipment prior to the arrival of each participant. A context associate donated the video camera and tapes for taping the interviews. Additionally, the researcher gave an explanation for the use of audio taping equipment and the use of a video camera in the event that any of the equipment malfunctioned during the interview. Individual, in-depth, and confidential, face-to-face interviews were conducted that lasted from one to three hours, with frequent breaks for each clergy spouse (see Appendix B). The researcher advised each participant that she could refuse to discuss anything that made her feel uncomfortable. The researcher advised each participant that she could stop the interview at any given time. The researcher offered to give each clergy spouse the original tape upon the completion of the doctoral thesis. Each spouse agreed that the researcher could destroy the tapes.

The researcher gave each participant the opportunity to choose the location where the interview would take place. They were given the following choices: at their home, the church, or at the researcher's home. All women chose to be interviewed at the researcher's home. The interviews were scheduled based on a convenience time for the participants. The researcher provided a delicious meal for each participant at no cost to the participant. One week prior to each scheduled interview, the researcher contacted the participant to discuss her intent to provide a special meal. Three women accepted the gracious offer to enjoy a delicious meal and agreed to eat whatever the researcher prepared.

For Ms. Lollypop, the researcher prepared a twelve-ounce, broiled rib eye steak, a fresh mixed greens salad with a variety of dressings, a baked potato, and pound cake for dessert. Various teas and coffees were available for the interviewee. The meal was prepared prior to Ms. Lollypop's arrival so that the interview would continue on schedule. Ms. Lollypop was the first of the ten women to be interviewed. The researcher experienced some anxiety, and was glad that Ms. Lollypop was a few minutes late.

During the second interviewee, Ms. Hot Tamale was served salmon burgers, corn on the cob, a fresh mixed greens salad with raspberry/walnut dressing, rolls, and a fresh fruit cup. An assortment of teas, coffee, and water were available.

Ms. Do Drops, the last participant, chose to share a meal with the researcher. She requested breakfast for her meal. The researcher prepared a full breakfast that included: chicken/apple sausages, eggs, grits, toast, and an assortment of jellies, teas, and coffee. Each clergy spouse expressed feelings of being pampered and feeling important. Casual conversation flowed as the women enjoyed the fellowship and a wonderful meal.

Description of Sample

Ten black female clergy spouses were included in the study. All participants were functionally independent, meaning they were capable of handling everyday activities of self-care and making their own decisions. Ages ranged from forty to seventy years old with a mean age of 55.4 years (see Table 5.1). All of the participants were currently married to a clergyperson.

The educational background of the sample ranged from having less than a high school education to having a professional degree. Only one participant did not complete high school. Ten participants had a high school degree; one had an associate's degree; another had a bachelor's degree, and one had a master's degree (see Table 5.1).

Current and previous occupations held by the sample included a church secretary, physician's secretary, daycare owner, childcare provider, nurse's aide, homemaker, and factory worker (see Table 5.1). Religious affiliations by denominations included five Baptists, one African Methodist Episcopal Zion, two Pentecostals, and two described themselves as non-denominational.

Profile of Participating Clergy Spouses

For this study, the researcher ascribed pseudonyms to each participating clergy spouse to assure anonymity and to protect their identity.

Ms. Lollypop, age seventy, has been married to a bishop for forty years. She attends a non-denominational church. She does not have a high school degree and was employed as a factory worker and domestic worker. She has nine adult children.

Ms. Do Drops, sixty-eight years old, has been married for forty-six years to a Baptist pastor. She has a degree in secretarial science and is retired from working in a dentist's office. She volunteers at Hospice, and has one adult child.

Ms. Now or Later, recently unemployed due to corporate downsizing, has been married for six years to a Baptist pastor. She is fifty-one years old and has one adult daughter and one granddaughter. She has a high school diploma.

Ms. Hot Tamale is fifty-nine years old and a high school graduate. She works as a secretary and is married to a Baptist bishop. She has two adult children.

Ms. Songbird is married to a bishop and is a pastor of a non-denominational ministry. She is forty years old and has three children. She is a high school graduate and owns a daycare center. She is a gifted psalmist, and is the daughter of a bishop.

Ms. China Doll is sixty-one years old and married to a bishop who oversees a non-denominational ministry. She is an evangelist and has one adult son. She has a college degree and has been unemployed for twenty-five years.

Ms. Sugar Plum is forty years old, unemployed, and a high school graduate. She has two young girls, and has been married for fifteen years to a pastor of a non-denominational ministry.

The Nubian Queen is a forty-two year old minister and psalmist. She has been married to a Methodist pastor for twelve years, and they have a sixteen-year-old child and one adult child. She has a B.S. degree and a M.Div. degree, and is currently studying for a Master of Science degree in Counseling.

Ms. Fix It is fifty years old, very intelligent, and has a high school diploma. She is married to a Baptist pastor. She is employed and the mother of adult twins.

Ms. Sophisticated, sixty-seven years old, is married to a Baptist pastor, and is the daughter of a pastor. She is a college graduate, retired, and a community volunteer.

Demographics for Sample

Pseudonym	Age	Education	Religious Affiliation
Lollypop	70	No High School	Pentecostal
Do Drops	68	Associate Degree	Baptist
Now or Later	51	High School	Baptist
Hot Tamale	59	High School	Baptist
Songbird	40	High School	Non-Denomination
China Doll	61	College Degree	Non- Denomination
Sugar Plum	40	High School	Non- Denomination
Nubian Queen	42	Master of Divinity	AME Zion
Fix It	50	High School	Baptist
Sophisticated	67	High School	Baptist

Table 5.1

Each interview was preceded by a brief period of less intense conversation to aid in the relaxation of both the participant and the researcher. The women talked about the meal, local issues, common concerns, and current events. During this stage, the researcher gave the participant the opportunity to speak on anything that was appealing to her.

The semi-structured interview format was designed to generate an atmosphere that supported free expression. In-depth, semi-structured interviews allowed exploration of questions and responses relative to personal experiences the clergy spouses had. The researcher made every effort to assure the participant of the importance of their involvement in this study. She placed the participants in the role of experts regarding their own life experience as a clergy spouse. As the researcher, it appeared that sharing a common background as a clergy spouse was appropriate. This process proved to be extremely effective, making the participant feel at ease.

Open-ended questions within a broad area of inquiry were used and are listed in the interview guide (see Appendix B). The researcher and the doctoral team designed the interview questions prior to conducting the personal interviews. The researcher asked general questions and then clarified and reflected as needed to give informants or participants the opportunity to recall, reveal, and construct aspects of their responses. This was done to encourage coherent and meaningful expression. Although open-ended questions proved to be more difficult, time-consuming, and costly to the process, they have been judged superior in building researcher-participant rapport.

Field notes were written at the conclusion of each interview and used to record observations related to the interview content and process, and for personal reactions. The field notes were analyzed in conjunction with the interview data. For example, order of questions, social support descriptions, and notes on interview dynamics were included in the field notes. These notes captured the research process and served as a valuable tool for evaluating the data. Field notes were vital reminders of the participants' experiences that contributed to data analysis.

Data Analysis

Data analysis followed a process of discovery of analytic categories described by Creswell in *Research Design Qualitative, Quantitative, and Mixed Methods of Approach*.¹ Stage one, involved reading the interview transcripts for content understanding, and re-reading them to identify meaningful conversation noted as observations. Stage one included the researcher joining the Ministers' Wives and Widows Association nine months before data collection. Becoming an active member of the organization paved the way for the researcher to develop a trusting relationship with other clergy spouses.

Stage two was completed by translating the observations into detailed and strategic broad-based observations. The observations matched the information gathered from the interview transcripts and relevant literature. Repeated phrases and words received special emphasis as they provided insights into salient data. During stage two, descriptive and interpretive codes were developed.

¹John W. Creswell, *Research Design Qualitative, Quantitative, and Mixed Method Approaches*, (Thousand Oaks: Sage Publications, 2003), 15.

Stage three began with an examination of the broad observations to determine connections. The literature review, conceptual framework, and initial feelings developed from the two prior readings of the interview transcripts guided the examination. Identifiable patterns emerged from the data and pattern codes were assigned for further analysis of data.

Stage four involved the identification of patterns of sub-themes, consistency, and contradiction. Stage four also included an examination of groups of comments, and notes relative to specific segments in each interview, and in each transcript. Basic categories and themes emerged, and were refined and arranged in the order of the frequency of responses.

Stage five of data analysis involved the identification of categories and themes for all interviews across participants, to determine theses that emerged from the data. This stage advanced from the individual to the entire group involved in the study. For example, the researcher placed emphasis on the general properties of all participants rather than one individual participant. This stage also involved a change of focus beyond the participants' world, into the world as it was interpreted by the researcher.

The researcher maintained the context of participants' responses and accompanying observations. The researcher attempted to preserve the interview as it was communicated in the transcripts, including participants' repetitions and non-verbal expressions (e.g., crying and laughing). Field notes included the researcher's methods and statements concerning personal feelings and experiences during the research process. These notes also contained the mistakes and insights as well as a description of problems that surfaced during the project.

Both professional associates and context associates met frequently with the researcher during data collection and the analysis processes, over lunch, via email, on the phone, and during water exercise and swimming. The team of associates examined all challenging aspects of the data collection process including what information to include in the data analysis process. The team discussed, revised, and selected information from the analytic categories that emerged for the outcome of findings.

The researcher based the conclusions on interview transcripts, field notes, and conversations between the researcher, doctoral peers, the advisor, context associates and professional associates. These forms of data analysis were vital in writing the outcomes that follow.

The Findings-Outcome of Ministry Model

This qualitative study was based on the researcher conducting in-depth interviews with ten black female clergy spouses ranging in age from forty to seventy years old. They were made to feel comfortable in a safe and trusting environment as they told their stories of past and present experiences. The study examined dynamics and circumstances of social support, and evaluated the outcomes of such support. The study also provided an understanding of how clergy spouses cope with the many stressors associated with their roles. The specific research questions were:

1. Whom do black clergy spouses name in their most important network of supportive others? Why are these individuals a part of their social support network?
2. What stressors do black female clergy spouses say are associated with their roles as clergy spouses, and how do they cope with these stressors?

3. Do black female clergy spouses need a social support network? Please explain your answer and tell how a network can promote well-being.
4. Will you describe an ideal social support group for black female clergy spouses, and would you attend and invite others to participate?

Participants shared their understanding of social support from the perspective of clergy spouses. They used different words to describe social support from family, the church, the spiritual community, and oneself. Participating clergy spouses communicated how a social support network would influence their well-being.

These findings are a summation of the research participants' interactions and experiences as clergy spouses. The researcher reported findings by addressing and providing the answers to each research question in chronological order.

Eight participants were members of black churches where there was no social support network for black female clergy spouses. They were members of a non-religious association of ministers' wives. Two clergy spouses responded to the researcher after listening to a radio broadcast.

Research Question One: Whom do black clergy spouses name in their most important network of supportive others? Why were these individuals a part of their social support network? The initial research question provided an avenue to identify the most important network of supportive others and how the individuals came to be a part of the social network. Four persons identified their spouses as being the most supportive other, as demonstrated by the following responses:

My husband is my best friend and most of the time, we go everywhere together. I can talk to him. He likes what I like and protects me. He just wants me to be myself. (Ms. Lollypop)

My husband supports me in anything that I wish to do. Together we join other couples from church for an evening out. I do not talk very much to anyone, except him. Most of my close friends, who were clergy spouses, are now dead. (Ms. Do Drops)

My husband helps me deal with the people at church. He prays for me because he knows that I go through a lot at church. (Ms. Now or Later)

My husband is supportive but we do not go anywhere. He is boring and no fun. He even dresses boring. He just wants to go to church all the time. (Ms. Hot Tamale)

Five clergy spouses named several persons as their most supportive others, including a mother, son, or other clergy spouses:

It is not wise to form close relationships within my husband's congregation, so my closest friendships are two ministers' wives with whom I bond, talk to, and shop. They are encouraging. (Ms. Fix It)

Most of my social support comes from my children and my own business. I would like to have a better relationship with my family. (Ms. Songbird)

The greatest supporters are family members and a few friends with whom I communicate. They listen without giving advice. I feel comfortable with my family, but I do not express my church concerns or marriage with them. I receive social support from colleagues in graduate school. The few friends that I have compliment me on my hair and dress, and that makes me feel better. Although I am supportive of my husband, he does not support me in many of my efforts to serve in ministry. (Ms. Nubian Queen)

I sneak to call my best friend, but I do not tell her what is going on with my marriage. When I do get a chance to talk with her she always says something kind. (Ms. Sugar Plum).

My son and I do a lot together. He is entertaining, although he is an adult. Both my parents are living and very old. I take care of them everyday. I feel honored that I can. (Ms. Hot Tamale)

I am with my adult daughter and my grandchild a lot. They live in the house with us. I also spend a lot of time with my mother. I do not tell anyone of my struggles in church or in my marriage. (Ms. Now or Later)

Two clergy spouses did not have a social support network, Ms. Sugar Plum and Ms.

China Doll:

I cannot talk to him, the members, or my family because they are so proud of me for marrying a pastor. That is why I called you. I needed someone to talk with. Thank you so much for listening. (Ms. Sugar Plum)

I keep my business from my family. They think I am living like a queen, because of the material things I have, a big house, two big cars, and beautiful furniture, but I am so hurt and confused. (Ms. China Doll)

Eight clergy spouses named God, spirituality, and prayer as being most supportive sources of a social network:

When I am low in spirit, I pray, look at Christian television, read, and listen to the radio. (Ms. Do Drop)

I am working on my relationship with God. (Ms. Songbird)

God works everything out. (Ms. Hot Tamale)

I pray a lot, meditate in the Word of God, and call you (the researcher). Mostly, I depend upon the strength of God and the aid of the Holy Spirit. (Ms. Nubian Queen)

As a pastor's wife I have spent a lot of time praying to God when my husband was not at home. God listens and answers prayers. (Ms. Lollypop)

As a clergy spouse, there were times I felt emotionally drained and physically exhausted, but God called me to support his servant, my husband. He gave me talents to compliment my husband and we formed a team to spread the Good News of Jesus Christ. My social life is fulfilled in Christ. I am emotionally stable for he (Jesus) comes through with understanding and consolation. He provides a foundation for me to have a full and rewarding life. (Ms. Sophisticated)

Christ has residence in my life. God is my safest confidant. I find great satisfaction in Christ. I prayed and asked God to show me how to be a clergy spouse. (Ms. Fix It)

I am trying so hard to trust God. (Ms. Now or Later)

Two clergy spouses did not have a social support system:

I have no one to talk to about my real issues. You are (the researcher) the first person in whom I have confided. (Ms. Sugar Plum)

I really need someone to listen to me. I feel so much better (Ms. China Doll).

None of the participants named the church as a social support system.

Research Question Two: What stressors do black female clergy spouses say are associated with their roles as clergy spouses, and how do they cope with these stressors?

When I was working, I was constantly stressed because my husband would be in conference with a member and forget to pick me up from work. I worked from 4 p.m. to 12 a.m. That hurt. Sometimes I walked home. I never pouted or said anything. He always compensated with a gift and regrets. I was pushed into the background. Female preachers got more attention than I did. I felt as if I was supposed to stay in the background. The congregants attached to the female preachers. Some of them ignored me, even when it came to prayer. I cried a lot, but I did not know why I was crying. I just knew that I felt bad. Also, when a close church member, whom I regarded as a son, died, I held back my emotions so others could grieve. I do not think the members would appreciate me breaking down. I did my crying at home. I experienced stress when I, behind my husband's back, went to look at a new home. I had played house while working at white people's homes. I wanted my own. At times, my husband was mean to me, but we finally agreed to buy my dream home. On Valentine's Day a woman called for my husband to fix her car. They know not to call on Mondays, but they continue to do so. Mondays are just for the two of us. I deserve to have quality time with my husband. (Ms. Lollypop)

My husband is verbally and emotionally abusive in front of our two little girls. He tells me that I don't do anything right. I am not allowed to work, and have no voice at home or work. My husband emotionally abuses me. He calls me stupid and ignorant. On Sundays, he pretends that we have a perfect marriage. He dresses very well, but I piece clothes together to make an outfit. My husband is upset because I enrolled in school. I am afraid for my girls. I am so down in my spirit that I am unable to read my Bible, pray, or meditate. I cannot understand why the Lord is allowing me and my girls to go through this. I hate to go to church. I feel depressed all of the time. I am too embarrassed to tell my family. (Ms. Sugar Plum)

My husband tells me that the worst part of his day is to come home and look at me. I used to pray, but my husband mocks me and tells me God does not hear me. I open up my Bible only on Sundays. He has not touched me in six years. We do not have sex. He gives me a housing allowance, but nothing for me. I can't even go out to lunch. He is turning my only child, a son, against me. I tell my son to try to live a godly life, but my husband tells him to sow his wild oats. I feel broken up on the inside. Some of the members ask why do I put up with him. They tell me that I am crazy. I only attend church because it is expected of me. He used to beat me, but I finally got the nerve to call the police and pressed charges. (Ms. China Doll)

I feel lost. I am lazy and spend no time reading or fellowshiping with Christ. My family tells me that I talk too much. The women in the church have hurt me. I do not trust them. They are two-faced. I have a real problem with women in the church. They grin in your face and call you friend, and then they stab you in the back. They say I am trying to take over. The women in church do spiteful things. They have driven me to shut down

and do nothing. I don't understand them. They say they love you, but treat me otherwise. I have a serious problem with women wearing tight pants to church. I have thought seriously about leaving my husband's church and returning to my home church. My husband makes me hot because he will not take a vacation. He thinks no one can preach on Sundays other than himself. I lost my job and there is not enough money. There are major issues concerning my daughter and her boyfriend, and my granddaughter. I am irritable, cannot sleep, going through menopause, but refuse to take medications. (Ms. Now or Later)

It is stressful when the congregation expects me to fill in wherever there is a need. They expect me to be the official hostess. It seems like they get two for the price of one. I believe clergy husbands should define the role of the pastor's wife to the congregation as soon as he is installed. He should say, this is my wife, not the co-pastor; if you need advice, do not go to her, come to me. It is stressful to see that the Gospel has not helped my husband be a better husband at home. It causes me stress when he expects me to visit members who are in the hospital. He expects me to attend all the funerals. When he gets upset, I can feel the stress go through my body. I handle some stress by stepping back and allowing my husband to work out his own problems, and just be available when I am needed. I let him know that I do not feel like going. (Ms. Fix It)

The congregation expects me to be the assistant pastor. I depend on the strength of God for guidance. (Ms. Sophisticated)

Early in my marriage, I listened to others and took a back seat in the church. It is very stressful that while I support my husband and his family, the church does not support me. My husband and the congregation expect me to look pretty, support my husband, be over the women's ministry, and be quiet. I am a preacher, but my husband lets everyone else preach except me. The denomination that I belong to causes me to fight for my own identity and purpose in life. This places my marriage in a stressful situation. Sometimes I feel isolated and unimportant. I handle stress by fellowshiping with God. (Ms. Nubian Queen)

It is stressful when the members try to make you be who they want you to be. They want me to wear hats, sit quietly in a corner, unless they ask me to do something. They expect me to fill in where they leave off or do whatever should be done. They expect me to make everything better for them. As a pastor's wife, I try extra hard to maintain my own identity. I worry about my health. I wonder if we are not spending too much time with the church family and not enough time with my immediate family. I worry because the church has not grown to the point where it can support the pastor properly. The minute my husband accepted the call to be a pastor, I became stressed out. All of my life, my father (who is still a pastor) was more of a parent to his members than he was to my siblings and me. I feared the same thing would happen to our children or me. His call did affect our relationship because he spent more time at church and less time with us. He spent many nights at the church, and because of this, he was not a good father and husband, until we moved to another state and he started his own church. Just being a clergy's spouse is stressful, because it represents deprivation, sacrifice, no appreciation,

being overworked, never paid for work, and disliked by other women for no reason. I think these expectations are traditions that have been passed down. It is extremely stressful when faced with crises. The pastor and his family's issues become public information. They know that one son is in jail and on drugs. Another son just became a teen father. When the members show concern, I am not sure whether they are really concerned, or they are just being nosy. Recently, we had two deaths in our immediate family. The church family acted as if the deceased were their family. We did not have the privilege to grieve. We did not receive the outpouring of sympathy as others did. No one cooked, and there were few cards. It appears they just want handouts. I handle stress in a negative way by overeating. I carry pent up emotions from the experiences of being a pastor's daughter. I do not do well in reducing or eliminating stress. (Ms. Songbird)

It is bothersome that I have been unable to lead my sister to Christ. Early in my marriage, after my husband became a pastor, he just went too far. He forbade the children to watch television, go out to play and have fun. I defended my children and had a little talk with him. In those days, the people did not expect the pastor's wife to wear cut out shoes, jewelry, sleeveless dresses, and have a hairdo that suited them. I never let anyone tell me what to wear and how to wear my clothes. I have always been free-spirited. When problems arise, I deal with it straight up. A loss of hearing is stressful. I have accused my husband of saying something, when I just did not hear him. Now we make sure that we are in the same room when speaking to each other. One particular thing is very stressful. We do not have any female ministers in our church. My husband has a problem with women being ministers. It became extremely stressful when our daughter answered the call into the ministry. My husband announced that he would not attend her initial sermon event. I told him in no uncertain terms that he would attend, and he did. He was so proud of her that day. I am still praying for him on this matter. (Ms. Do Drops)

My husband's acceptance of salvation and his calling into ministry caused much stress in our home. Our lives have become boring, and he has turned into an old man. Since becoming a Christian, we stopped doing things together. Now it is just church. Everything is a sin. I believed I had to listen to the Gospel only. When he would leave the house, I played what I wanted to hear. One day he walked in on me while listening to rock and roll. He told me that I could not play that music in his house ever. I respected his wishes to keep peace in our home. I cursed my husband and called him names until he washed out my mouth with soap. On another occasion, he locked me in the closet. I never cursed him again. He never spent quality time with our only son. He tried hard to please his father, but he never attended any of his activities. I support my son in all he does. I have experienced seven miscarriages before this son was born. I was devastated. After the burial of each child, I never mentioned it again. I put everything in the back of my mind. I accept life as is and adjust. Both of my parents are living and are very old. It is an honor for me to take care of them. I accept life as it comes. I am strong and I just pray. Telling people my problems makes it worst. I keep problems in a stationary position, and it is overwhelming. I would explode if I dwelled on things. I know I would lose it mentally. (Ms. Hot Tamale)

Research Question Three: Do black female clergy spouses need a social support network? Please explain your answer and tell how a network can promote well-being.

Yes, clergy spouses need a support group because I do not trust the Ministers' Wives and Widows' Association. Information would not stay in the group. A support group would help me meet new people and do things in a group setting. This will help build bonding friendships based on trust. I would be happier. (Ms. Hot Tamale)

Yes, we definitely need a support group. I consider the Ministers' Wives and Widows Association a social support group up to a certain point, but it could be with a lot of work. I think we should have institutes or retreats every three months. We should start on Friday and return on Sunday. We need to be away from familiar people and surroundings such as the family and the church. We can exercise, learn new things, and bond with other clergy spouses. (Ms. Do Drops)

I don't do the girlfriend thing, but I might consider becoming a part of a social support group. (Ms. Songbird)

Yes, and I would love to be a part of a social support group for clergy spouses. I believe sharing and bonding with others would be like a breath of fresh air. I would like to help facilitate an activity at a retreat. I need some trusting friends who understand clergy spouses. (Ms. Nubian Queen)

I strongly support the idea that a clergy spouse should have out-of-church interests that are compatible with those of other clergy spouses. Interests over and above the daily routine of homemaking and church meetings can provide an outlet to relieve stress that arises from church and home. Diversion from the constant expectations within the church family can bring renewed strength and a freshness that will enhance her duties as a clergy spouse. (Ms. Sophisticated)

Yes, we need our own social support group, and I would consider becoming a part of it. (Ms. Fix It)

Yes, I need to become involved with women of God who I can talk to and know the information would be kept confidential. I am lonely. My only outing is getting my hair done on Wednesdays. (Ms. Now or Later)

Yes, clergy spouses need a social support group, but my husband would not permit me to attend. (Ms. Sugar Plum)

Clergy spouses should have a group where they could be themselves. I know my husband would not approve. (Ms. China Doll)

Yes, we need a place that we can call our own. I would be a part of this group for relaxation. Then I would not want to be reminded of church and family. I just want to act silly. Be a little girl again. I need a change of scenery. I trust the members of the association, but I really do not know them. I want to get to know other clergy spouses. (Ms. Lollypop)

Research Question Four: Will you describe an ideal social support group for black female clergy spouses, and would you attend and invite others to participate?

My ideal social support group would allow me to be myself, have some fun and go sightseeing. I just would not do anything. It would be a no brainer. I really believe the group members must be trusting. I would invite other clergy spouses from my church to attend. That is how I became a member of the Ministers' Wives and Widows Association. (Ms. Lollypop)

I need to be in a group where women can encourage one another. The group members should be trusting and friendly. A support group for pastor's wives could bring healing. I would invite someone once I have participated. (Ms. Now or Later)

There are many situations and problems that clergy spouses face at church, home, and on their job, if the woman works outside of the home. The ideal social support group must be a place where clergy spouses can go just to talk, just to exhale, and just to verbalize concerns. Heaven forbid if she confides in a member. Sometime immediate family and siblings cannot relate to the clergy spouse. Next to prayer, every clergy spouse needs another clergy spouse who will be a confidant, counselor, advisor, and just a plain friends. A friend can travel, shop, and share experiences. I would invite others to attend. (Ms. Sophisticated)

Belonging to a support group for clergy spouses should be a fun, loving, friendly, warm and inviting environment where we can have fun and minister to each other (Ms. Nubian Queen).

My description of an ideal support group is caring, warm, and has a good atmosphere. I would like to be a part of it, interact with other women, identify with them, bond, trust them, and just listen. I do not want to do anything serious, or hear sermons, or hear anything about church. I just want to have fun. (Ms. Do Drops)

Other clergy spouse did not respond to question four. They expressed their opinions in question three. Four sub-themes emerged from the data. They are: expectations in trust, building relationship, rest, and relaxation.

CHAPTER SIX

Reflection, Summary, and Conclusion

This study was conducted to explore the concept of social support from the perspectives of ten black female clergy spouses. More specifically, this study examined their personal opinions on the need to have a social support group. They were concerned that their involvement and personal circumstances would affect their participation in this type of group.

The theoretical framework used in this study was the stress and coping theory. From this perspective, individuals are envisioned as experiencing various kinds of stressors. Stressors are the life events (e.g., relocation to another church, death of a loved one, criminal victimization), or chronic strains (e.g., having a life-threatening disease or living with constant financial hardships) that initiate appraisal processes. If symptoms of physical and emotional stress appear (e.g. migraine headaches, anxiety, and restlessness), and events or strains are appraised as threatening their well-being, individuals then begin to evaluate their abilities and means to self-protect.¹

According to the stress and coping theory, social support is a coping resource. Coping resources are those factors that modulate or buffer against the impact of stressors such as life events and chronic strains on mental and physical well-being.² In this study social support was examined as a coping resource for black female clergy spouses to address how supportive interactions influence well-being. This study sought to extend the social support literature in three ways by: (1) examining a seldom or never sampled

¹Gloria W. Bird and Keith Melville, *Families and Intimate Relationships* (New York: McGraw Hill, 1994) 21-31.

²*Ibid.*

population, black female clergy spouses, (2) drawing from within black church memberships who are members or are non-members of the Ministers' Wives and Widows Association, and (3) employing qualitative methodology.

This chapter begins with a summary and reflection of major findings. Next, conclusions are drawn concerning how the results expand knowledge of social support, and also advance theory. Finally, the researcher offers implications, recommendations, and included a proposed sister care program design (see Appendix C).

Summary and Reflection of Major Findings

This study examined the social support networks of ten black female clergy spouses as they faced the many challenges and demands of being married to a clergy person. Findings of this study substantiated the significance of strategically identifying supportive interactions and stressors associated with the role of a clergy spouse. Although previous research investigated supportive relationships and identifications of supportive others,³ none of the studies investigated the personal meanings and the stressors associated with black female clergy spouses' attachment to social support. Through the employment of qualitative methodology, it was possible for meanings to emerge and to identify those stressors. The safe and trusting environment invited the participants to answer follow up questions, which uncovered a wealth of information as they described specific behaviors and actions that explained the need for mutual support.

Most Supportive Others

These black female clergy spouses communicated being deeply embedded in their social support connections that were beyond the basic and routine temporary interactions.

³Robert J. Taylor and Linda M. Chatters, "Patterns of Informal Support to Black Adults: Family, Friends and Church Members," *Social Work* 31 (1986): 432-438.

Overall, responses clustered into three categories: spouses, family and friends, and God or spirituality as being a primary supporter. As four participants described their supportive interaction with their spouses, five categories emerged: listening, best friends, protection, help with conflict resolution, and support. Listening was the top priority among all clergy spouses. They described it as lending an attentive ear that goes far beyond words. For clergy spouses, listening is giving good eye contact during conversation. The listener must also be aware of nonverbal messages or those that describe unspoken body language. Attentive listening is looking the person in the eye, paying close attention, and focusing on the individual who is speaking.

None of the clergy spouses associated encouragement or spiritual guidance with social support from their spouses. The church was not on the list as a feature that encouraged social support networks. Clergy spouses did not connect experiencing laughter and having fun in their description regarding their spouse and social support.

The second category of clergy spouses' social support network is the immediate family. However, several spouses expressed a need to spend more time with their biological family members such as sisters, brothers, and parents, instead of the church family. Spouses frequently named individuals outside of their biological families to include in close circles of supportive relationships. This finding compliments the research of Taylor and Chatters in their investigation of patterns of support within family, friends and church networks.⁴ Five clergy spouses generated the following categories of social support from family members: mother, siblings, and teen and adult children. The following behaviors emerged from the data as to the reasons that family members were

⁴Taylor and Chatters, "Patterns of Informal Support," 432-438.

included as being supportive: They listen. I feel comfortable. I can be myself. I am the caregiver. I like entertainment.

All clergy spouses reported that they never discussed church business or spousal issues with immediate family business. Included in this category, two clergy spouses named friends as being supportive. According to these clergy spouses, friends, best friends, business contacts, school peers, and other clergy spouses were included. The following attributes described a friend: being a good listener, showing interest, giving compliments, and being supportive. However, all clergy spouses reported that they never discuss their feelings concerning church or marriage. Allen and Britt reported that invaluable sources of support for black women are those which are derived from the friendships they share with other black women.⁵

Two women reported having no form of social support system in place. One reported that she had no family and no friends. She expressed to the researcher that she was broken up on the inside. She reported that she was angry with herself because she allowed her husband to mistreat and disrespect her. She reported physical, emotional and spiritual abuse. This spouse admitted to having one friend who she would sneak to call and talk with. She also reported that her friend thought she was living a perfect life based upon the material wealth they saw. One clergy spouse reported having no friends and family that lived nearby. When she communicated with her family, they expressed how proud they were that she was married to a pastor. She did not have the courage to tell them that she suffered with pain and shame. She was afraid for her two small girls. Literature supported lower psychological well-being among black women who did not

⁵L. Allen and D. E. Britt, "Black Women in American Society: A Resource Development Perspective," *Issues in Mental Health Nursing* 5 (May 1983): 61-79.

have any social support in place. Fun and laughter were not among the attributes that described friends and other clergy spouses.

Eight spouses named God, spirituality, prayer, and meditation as their greatest sources of social support. They distinguished God as: a true listener, the foundation of faith, caring, understanding, consoling, living, trustworthy, faithful, a stabilizer, strengthener, one who works things out and answers prayers, and a helper. Meditation included: reading inspirational literature, watching Christian television, listening to Christian radio, and praying. Two clergy spouses expressed a disconnection from God. They reported that the struggles of life were too overwhelming to cause them to pray or read the Bible. One reported that she was, in fact, angry with God and cursed him for not caring for her when she needed him. She did not know what to do in her pain.

These two women responded to the researcher's interest in organizing a support group for black female spouses. Ms. China Doll and Ms. Sugar Plum justified this study of social support and well-being among clergy spouses by serving as the listening ears for other spouses to voice their concerns. The researcher was honored to have served all ten clergy spouses by inviting them to share their stories related to their positions. The researcher believed that the interviews served as the first step to enhance well-being for each spouse, while establishing a social support group. The researcher heard the pain in their voices, the hurt in their hearts, and offered them tissues to wipe their tears. Three clergy spouses requested prayer. During prayer, an awesome outpouring of the Holy Spirit visited each one, with healing and restoration. These two clergy spouses responded to an invitation to reestablish their relationship with Jesus Christ, and they accepted.

Black female clergy spouses reported that they face various stressors associated with being the pastor's or the minister's wife. Other stressors were caused by motherhood and employment outside the home. The long list of stressors included the expectations from congregants. There were comments concerning some expectations: Church members assumed that clergy spouses should fill in for an activity when someone else did not show up to work. Clergy spouses were required to attend funerals and visit sick people. The women in the church expected the spouses to serve as hostesses for invited guests and for special occasions. Congregants appeared to have a standardized dress code for the pastor's wife, in that she was expected to wear pretty clothes and big hats. Clergy spouses were expected to give advice. Many women believed the clergy spouse should play several roles; for example, the chairperson of the women's committee, a singer, and a musician (play the piano). The congregants insisted that the pastor's wife cook and assist her husband in any capacity, even without pay. Several church members required the clergy spouse to make certain sacrifices and live far below her means.

Clergy spouses' responses revealed several stressors associated with being a preacher's wife. The following stressors were implicated in their responses: no focus on the wife's needs; lack of attention from their husbands; inability to express heartfelt emotions during grief; the need to be strong for church members; husband's insensitivity to her need to spend time with him; disordered priorities in the family; no privacy; and no sexual relationship. Others stressors the women commented on were concerned with having little personal money, being unemployed and uneducated, and having no pretty clothes. Some women mentioned stressors, for example, brokenness, anger at God, anger at their husband, physical, emotional, and verbal abuse, and depression.

Clergy spouses reported having few coping strategies. They tended to follow their husbands in order to cope. The women learned to adjust quickly to change and accept certain situations. Several clergy spouses said they cried a lot, felt bad, overate, watched too much television, did not discuss problems or tried to forget them. Others said they prayed, sang, listened to music, or went shopping. One clergy spouse, age sixty-nine, reported sneaking behind her husband's back and purchasing their first home far away from church in order to have privacy. One clergy spouse reported walking everyday.

The researcher observed their manner of verbal communication, body language, facial expressions, and overall demeanor before and after the interviews. The researcher made noteworthy observations regarding the interviewees. Eight clergy spouses were pleased to participant in this study. Two of the oldest clergy spouses smiled as they traveled back to the earlier days of falling in love. All ten women confessed being in love with their husbands, including two spouses who experienced turmoil in their home. Three clergy spouses were obese. Ten women reported feeling better because they had the opportunity to express themselves in a safe and trusting environment.

The researcher captured the following brief responses that eight black female clergy spouses gave regarding some features of an ideal support group:

The members must be trusting. (Ms. Lolly Pop)

The support group can bring healing. (Ms. Now or Later)

I want to laugh and have a good time, and learn something new. (Ms. Fix It)

Every clergy spouse needs another clergy spouse who will be a confidant, counselor, advisor, and just plain friends. (Ms. Sophisticated)

Belonging to a support group for clergy spouses should be a fun, loving, friendly, and warm. (Ms. Nubian Queen)

My description of an ideal support group is caring and warm. (Ms. Do Drops)

A trusting and caring friendship is how I would describe a support group. I want to feel free. (Ms. Hot Tamale)

I would consider becoming a part. (Ms. Songbird)

Recommendations

Qualitative studies investigating social support among black female clergy spouse are limited. To the researcher's knowledge, this was the first qualitative study to concurrently examine past and present experiences of black female clergy spouses.

One suggestion for further research is to use representative samples of black female clergy spouses. In replicating this study with other clergy spouses, identifications could be made with other cultures that consist of various geographic locations, socioeconomic levels, and educational achievements. Religious preference would be relevant as well as informative for psychologists, Christian therapists, and counselors with regard to how various doctrines may offer certain coping strategies. Contributions to literature that do not generalize and stigmatize ethnic minority families are necessary.

Another suggestion for further research is to expand the study to include black men who are married to female pastors. Men who are the pastor's spouse would benefit from having a support group that promotes well-being. Spouses of female pastors from other cultures would also expand literature on support and well-being.

Perhaps the effects of being a female clergy spouse might differ in a population that had different levels of education, employment, and stressors. Although the findings from this study cannot be generalized to all black female spouses between the ages of forty and seventy, it painted a clear picture of the issue of social support among the ten black female clergy spouses who participated in this study.

Concluding Comments

The findings from this study invited the reader to enter into the world of clergy spouses and learn what stressors are associated with being in that position, and how they cope with stress. Clergy spouses belong to a unique and fragile community of believers who have dedicated their lives, postponed dreams, and left goals unfulfilled for their husbands and his ministry. The researcher will continue providing a listening ear for clergy spouses. It is hoped that the findings from this study will encourage others to provide social support for all clergy spouses when the opportunity arises. In doing so, the women will enjoy a higher level of well-being.

Sister Care Program Design

1. Gain the confidence of clergy spouses.
2. Invite participants to dialogue in a focus group.
 - a. Voice their concerns and needs.
 - b. Identify purpose, write mission statement, and select time for meetings.
 - c. Brainstorm on available resources (human and financial).
3. Design a marketing plan to encourage other clergy spouses to participate.
 - a. Make personal contacts.
 - b. Send invitations.
 - c. Send flyers to individual churches (designed for clergy spouses).
 - d. Have sister care fellowship with refreshments.
4. Implement sister care plan based upon identified needs and concerns.
5. Do quarterly and yearly evaluations.
6. Have annual retreats.

APPENDIX A

**INFORMED CONSENT FOR PARTICIPANTS OF
ACTION RESEARCH PROJECT**

APPENDIX A

UNITED THEOLOGICAL SEMINARY

Informed Consent for Participants of Action Research Project

Title of Project: **SISTER CARE FOR AFRICAN AMERICAN FEMALE
CLERGY SPOUSES**
Action Researcher: Brenda M. Rowdy

I. THE PURPOSE OF THIS RESEARCH

This is a formal invitation to participate in a study of the emotional, social, and spiritual well-being for black female spouses of clergy persons. This research project will explore how expectations and stressors affect the well-being of clergy spouses; and examine how to reduce or eliminate those stressors. The primary goal of this study is to determine the need for a support group or ministry for clergy spouses, whereby their voices will be heard in a trusting and caring environment. It is hopeful that ten to fifteen clergy spouses will participate in the study.

II. PROCEDURES

You will be asked to write a narrative of your experiences as a clergy spouse. Others will be asked to participate in peer sessions that will be audio-taped or video-taped. Some will receive questionnaires. A few will be asked to participate in an individual in-depth interview. I will videotape the interview. Those being interviewed will be asked to provide information concerning how they respond to realistic and unrealistic expectations, stressors, emotional, social, and spiritual experiences associated with their role as a clergy spouse.

III. RISKS

I am not aware of any risks to you from participation in this research project.

IV. BENEFITS OF THIS PROJECT

There will be no promises or guarantee of benefits for your participation in this research project. This research project will provide information that will be helpful to our understanding of the emotional, social, and spiritual well-being among black spouses of clergy persons, like yourself. Although no guarantee of benefits is being offered for your participation, you as a participant will provide pertinent information that may be helpful to other clergy spouses in defining expectations and stressors associated with the role of clergy spouses as it relates to the emotional, social, and spiritual well-being. For this study, you will have the opportunity to express your views, beliefs, fears, frustrations, dreams, goals, and experience from your perspective.

V. EXTENT OF ANONYMITY AND CONFIDENTIALITY

All data or information will be held at the highest level of confidentiality. Audiotapes will be labeled with pseudo (fake) names. The transcriber will be required to keep all audiotapes and typed information confidential and asked not to share information on audiotapes and computer disks with other individuals. Videotapes and audiotapes will be destroyed upon completion of research.

VI. COMPENSATION

Other than my thanks and sincere gratitude, there is no compensation for participation in this project.

VII. FREEDOM TO WITHDRAW

You have the right to withdraw from this study at any time. You are free to choose not to answer any question.

VIII. APPROVAL OF RESEARCH

This research has been approved, as required by the Candidacy Review Board at United Theological Seminary.

IX. PARTICIPANT'S RESPONSIBILITY

I voluntarily agree to participate in this study.

X. PARTICIPANT'S PERMISSION

I have read and understand the informed consent and instructions regarding this project. All of my questions have been answered. I hereby acknowledge the above and give my voluntary consent for participation in this project.

If I choose to participate, I understand that I may withdraw at any time without penalty. I agree to abide by the rules of this project.

Signature

Date

Should I have any questions regarding this research or its conduct, I will contact:

Brenda M. Rowdy

336-682-6137

Dr. Mankekolo Mahlangu-Ngcobo
United Theological Seminary

937-278-5817
Doctoral Studies

APPENDIX B
RESEARCH QUESTIONS

APPENDIX B

RESEARCH QUESTIONS

Four research questions guided this study:

1. Whom do black clergy spouses name in their most important network of supportive others? Why are these individuals a part of their social support network?
2. What stressors do black female clergy spouses say are associated with their roles as clergy spouses, and how do they cope with these stressors?
3. Do black female clergy spouses need a social support network? Please explain your answer and tell how a network can promote well-being.
4. Will you describe an ideal support group for black female clergy spouses, and would you attend and invite others to participate?

APPENDIX C
INTERVIEW GUIDE

APPENDIX C

INTERVIEW GUIDE

Please express your personal narrative (story) concerning your experiences as a clergy spouse. Address the components of emotions (feelings), social (interacting with others, and self-esteem), and spiritual (the ability to love, be loved) well-being:

1. Your reactions to your husband's call into the ministry, and the effect that call has on your marital relationship.
2. Your perception of the role of a clergy spouse.
3. Expectations, realistic and unrealistic, that your spouse and the congregation have for you.
4. Expectations, realistic and unrealistic, that you have for yourself, your spouse, and the congregation.
5. What stressors (crises, illnesses, deaths) are associated with the role of a clergy spouse?
6. How do you respond to stressors (strategies used to reduce or eliminate stressors)?
7. Discuss your concerns, goals, needs, issues, dreams, etc. (anything).
8. Describe your support system (God, family, friend, etc.). If a support system is not in place, would you consider becoming a part of a support group?

APPENDIX D**GLOSSARY**

APPENDIX D

GLOSSARY

Clergy: refers to male ministers. Clergy members include: chaplains, associate ministers or associate pastors, pastors, elders, and bishops.

Sister Care: refers to the ministry of pastoral care, a social support group, or a social support network.

Spouse: refers to a female who is legally married to a clergy person. The term spouse(s) also refers to a wife or wives.

TABLES

Table 5.1.	102
-----------------	-----

BIBLIOGRAPHY

- Allen, L., and D. E. Britt. "Black Women in American Society: A Resource Development Perspective." *Issues in Mental Health Nursing* 5 (May 1983): 61-79.
- Baston, C. D., P. Schoenrade, and W. L. Ventis. *Religion and the Individual: A Social Psychological Perspective*. New York: Oxford University Press, 1993.
- Bearon, L. B., and Harold G. Koenig. "Religious Cognitions and Use of Prayer in Health and Illness." *The Gerontologist* 30, 2 (July 1990): 249-253.
- Bird, Gloria W., and Keith Melville. *Families and Intimate Relationships*. New York: McGraw Hill, 1994.
- Brown, Diane R., and L. E. Gary. "Stressful Life Events, Social Support Networks, and the Physical and Mental Health of Urban Black Adults." *Journal of Human Stress* 13, 4 (Winter 1987): 165-174.
- Brown, Diane R., and Verna M. Keith, eds. *In and Out of Our Right Minds: The Mental Health of African American Women*. New York: Columbia University Press, 2003.
- Burck, J. R., and Rodney J. Hunter. "Pastoral Theology." *The Dictionary of Pastoral Care and Counseling*. Nashville: Abington Press, 1990.
- Capps, Donald. *Reframing: A New Method in Pastoral Care*. Minneapolis: Fortress Press, 1990.
- Chafant, H. P., P. L. Heller, A. Roberts, D. Briones, S. Aguirre-Hochbaum, and W. Farr. "The Clergy as a Resource for Those Encountering Psychological Distress." *Review of Religious Research* 31 (1990): 305-313.
- Chatters, Linda M., Jeffrey S. Levin, and Christopher G. Ellison. "Public Health and Health Education in Faith Communities." *Health Education and Behavior* 25, 6 (December 1998): 689-699.
- Coleman, Sandra B., J. Doreene Kaplan, and Robert Downing. "Life Cycle and Loss: The Spiritual Vacuum of Heroin Addiction." *Family Process* 25 (March 1986): 5-23.
- Cone, James H. *For My People: Black Theology and the Black Church*. Maryknoll, NY: Orbis Books, 1984.
- _____. *A Black Theology of Liberation: Twentieth Anniversary Edition*. Maryknoll, NY: Orbis Books, 1990.

- Covey, Stephen R. *The Seven Habits of Highly Effective People: Powerful Lessons in Personal Change*. New York: First Fireside Edition, 1990.
- Cranton, Patricia. *Professional Development as Transformative Learning*. San Francisco: Jossey-Bass, 1996.
- Creswell, John W. *Research Design: Qualitative, Quantitative, and Mixed Method Approaches*. Thousand Oaks, CA: Sage Publications, 2003.
- DeVaus, D., and I. McAllister. "Gender Differences in Religion: A Test of the Structural Location Theory." *American Sociological Review* 52 (October 1987): 472-481.
- Eberst, Richard. "Defining Health: A Multidimensional Model." *Journal of School Health* 54 (1984): 99-104.
- Ellison, Christopher G., and David A. Gay. "Region, Religious Commitment, and Life Satisfaction among Black Americans." *Sociological Quarterly* 31 (January 1990): 123-147.
- _____. "Religious Involvement and Self-Perception among Black Americans." *Social Forces* 71 (February 1993): 1027-1055.
- Ellison, Christopher G., and Robert Joseph Taylor. "Turning to Prayer: Social and Situational Antecedents of Religious Coping among African Americans." *Review of Religious Research* 38, 2 (December 1996): 111-131.
- Erickson, Millard J. *Christian Theology*. Grand Rapids: Baker Book House, 1983.
- Franklin, A. J., and J. S. Jackson. "Factors Contributing to Positive Mental Health." In *Handbook of Mental Health and Mental Disorders among Black Americans*, ed. D. Ruiz, 291-307. New York: Greenwood Press, 1990.
- Fromm, Erich. *Man for Himself: An Inquiry into the Psychology of Ethic*. New York: Rinehart, 1947.
- Gray, Beverly A., and Verna M. Keith. "The Benefits and Costs of Social Support for African American Women." In *In and Out of Our Right Minds*, eds. Diane R. Brown and Verna M. Keith, 24-25. New York: Columbia University Press, 2003.
- Handal, Paul J., W. Black-Lopez, and S. Moergen. "Preliminary Investigation of the Relationship between Religion and Psychological Distress in Black Women." *Psychological Reports* 65, 3 (December 1989): 971-975.
- Hooks, Bell. *Sisters of the Yam: Black Women and Self-Recovery*. Boston: South End Press, 1993.

- Jenkins, Bill. "AIDS/HIV Epidemics in the Black Community." In *Health Issues in the Black Community*, eds. Ronald L. Braithwaite and Sandra E. Taylor, 55. San Francisco: Jossey-Bass, 1992.
- Jones, Althea Taylor. "Family Enrichment, Health Promotion and Social Support: An Intergenerational Perspective." Symposium conducted at the Annual Conference of the Southeastern Council on Family Relations, Atlanta: GA., 1996.
- Kolb, Lawrence C. *Noyes' Modern Clinical Psychiatry*, 7th ed. Philadelphia: Saunders, 1968.
- Lazarus, Richard S., and Susan Folkman. *Stress, Appraisal, and Coping*. New York: Springer Publishing Co., 1984.
- _____. "Coping and Adaptation." In *Handbook of Behavioral Medicine*, ed. William Doyle Gentry. New York: Guilford Press, 1984.
- Lazarus, Richard, Susan Folkman, and S. Pinley. "Age Difference in Stress and Coping Processes." *Psychology and Aging* 2 (August 1987): 171-184.
- Lincoln, C. Eric, and Lawrence H. Mamiya. *The Black Church in the African American Experience*. Durham, NC: Duke University Press, 1990.
- Lincoln, Karen D., and Linda M. Chatters. "Keeping the Faith: Religion, Stress, and Psychological Well-Being among African American Women." In *In and Out of Our Right Minds*, eds. Diane R. Brown and Verna M. Keith, 223-241. New York: Columbia University Press, 2003.
- Mattlin, J. E., E. Wethington, and R. C. Kessler. "Situational Determination of Coping and Coping Effectiveness." *Journal of Health and Social Behavior* 31 (December 1990): 103-122.
- Miles, Matthew B., and A. Michael Huberman. *Qualitative Data Analysis: A Source Book of New Methods*, 2nd ed. Thousand Oaks, CA: Sage Publications, 1994.
- Myers, Lena Wright. *Black Women, Do They Cope Better?* Englewood Cliffs, NJ: Prentice-Hall, 1980.
- Norwood, Miriam R. *International Association of Ministers' Wives and Ministers' Widows, Inc.* Richmond, VA: IAMWMW Publishing Co., 1998.
- Nouwen, Henri J. M. *The Wounded Healer: Ministry in Contemporary Society*. New York: First Image Edition, 1972.
- Official Records of the World Health Organization*. 100 no. 2. New York: International Health Conference. 19-22 June 1948.

- Paragament, Kenneth I. "God Help Me: Religious Coping Efforts as Predictors of the Outcomes to Significant Negative Life Events." *Journal for the Scientific Study of Religion* 31 (1990): 504-513.
- Payne, R., I. Reed, Allen E. Bergin, Kimberly A. Bielema, and Paul H. Jenkins. "Review of Religion and Mental Health: Prevention and the Enhancement of Psychosocial Functioning." In *Religion and Prevention in Mental Health: Research, Vision and Action*, eds. Kenneth I. Paragament, Kenneth I. Maton and Robert E. Hess, 57-82. New York: Haworth Press, 1992.
- Pearlin, Leonard I., "The Stress Process Revisited: Reflections on Concepts and Their Interrelationships." In *Handbook of the Sociology of Mental Health*, eds. Carol S. Aneshensel and J. C. Phelan, 395-415. New York: Kluwer Academic/Plenum, 1999.
- Pollard, A. B. "Race, Religion, and Resistance in the African American Experience." Paper presented at the Asociation Nacional Casa Dandara International Seminar, Minas Gerais, Brazil. 1995, 21.
- Revenson, Tracey A. *Women and Health Psychology: Mental Health Issues* (Hillsdale, NJ: Lawrence Erlbaum Press, 1988.
- Ryff, Carol D. "The Structure of Psychological and Well-Being Revisited." *Journal of Personality and Social Psychology* 10 (September 1995): 719-727.
- Selye, Hans. *Stress without Distress*. Philadelphia: Lippincott Publishers, 1974.
- Shaver, P., M. Lenauer, and S. Sadd. "Religiousness, Conversion, and Subjective Well-Being: The Healthy-Minded Religion of Modern American Women." *American Journal of Psychiatry* 137 (1980): 1563-1568.
- Surgeon General on Mental Health: A Report of the Surgeon General. Washington, D.C.: U.S. GPO, 1999.
- Taylor, Robert Joseph, Christopher G. Ellison, Linda M. Chatters, Jeffrey S. Levin, and Karen D. Lincoln. "Mental Health Services in Faith Communities: The Role of Clergy in Black Churches." *Social Work* 45 (September 2000): 73-87.
- Taylor, Robert Joseph, and Linda M. Chatters. "Church Members as a Source of Informal Social Support." *Review of Religious Research* 30, 2 (December 1988): 193-203.
- _____. "Patterns of Informal Support to Black Adults: Family, Friends, and Church Members." *Social Work* 31 (1986): 432-438.

- The Ministers' Wives and Ministers' Widows Association. *The Handbook for the Winston-Salem Ministers' Wives and Ministers' Widows Association*. Winston-Salem, NC: Winston Printing, 1950.
- Thomas, C., and P. Comer. "Racism and Mental Health." In *Racism and Mental Health: Essays*, eds. Charles V. Willie, Bernard M. Kramer, and Bertram Brown. Pittsburgh: University of Pittsburgh Press, 1973.
- Thomas, Linda E. "Womanist Theology, Epistemology, and a New Anthropological Paradigm." *Cross Currents* 48, 4 (Winter 1998/1999): 488-499.
- Thomas, Owen C., and Ellen K. Wondra. *Introduction To Theology*, 3rd ed. Harrisburg, PA: Morehouse Publishing, 2002.
- Townes, Emily M., ed. *Embracing the Spirit: Womanist Perspective on Hope, Salvation, and Transformation*. Maryknoll, NY: Orbis Books, 1997.
- Turner, R. Jay, and Frances Marino. "Social Support and Social Structure: A Descriptive Epidemiology." *Journal of Health and Social Behavior* 35, 3 (September 1994): 193-212.
- Warren, B. J. "Depression, Stressful Life Events, Social Support, and Self-Esteem in Middle Class African American Women." *Archives of Psychiatric Nursing* 11, 3 (June 1997): 107-117.
- Washington, D.C.: United States Census, 2000.
- Wilcox, P. "Positive Mental Health in the Black Community: The Black Liberation Movement." In *Racism and Mental Health Essays*, eds. C. Willie, B. Kramer, and B. Brown, 463-524. Pittsburgh: University of Pittsburgh Press, 1973.
- Williams, Brian K., and Sharon M. Knight. *Healthy for Life: Wellness and the Art of Living*. Pacific Grove, CA: Brooks/Cole Publishing Co., 1994.
- Williams, Delores S. *Sisters in the Wilderness: The Challenge of Womanist God-Talk*. Maryknoll, NY: Orbis Books, 1993.
- Wilmore, Gayraud S. *Black Religion and Black Radicalism: An Interpretation of the Religious History of Afro-American People*. 2nd Enlarged Ed. Maryknoll, NY: Orbis Books, 1984.
- Wimberly, Anne Streaty, ed. *Honoring African American Elders: A Ministry in the Soul Community*. San Francisco: Jossey-Bass, 1997.